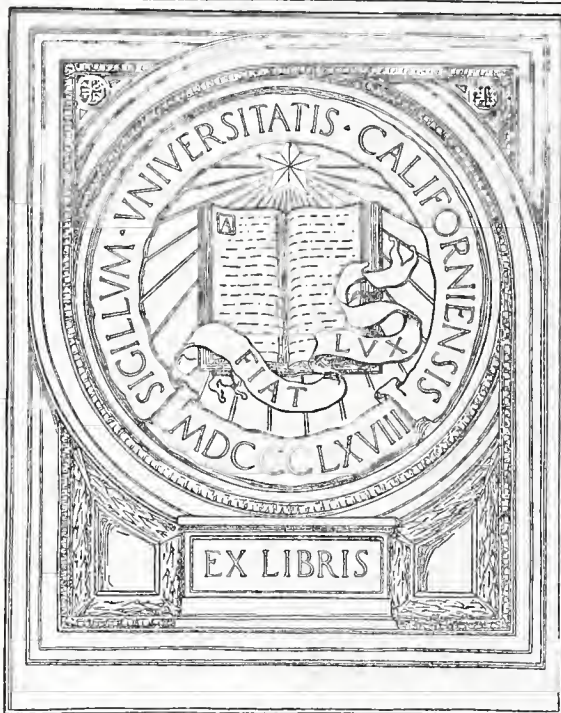




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# The JOURNAL OF THE ARKANSAS MEDICAL SOCIETY

Vol. XXXI

FORT SMITH, ARKANSAS, JUNE, 1934

No. 1

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EDITORIAL		

## Loose Stools in Infants

require extra diapering, and inconvenience the mother

Clinically, loose stools are accompanied by a dehydration which, when excessive or long continued, interferes with the baby's normal gain. A long-continued depletion of water is serious, since "the fluid requirements of an infant are tremendous. A normal infant 15 pounds in weight will frequently excrete as much as one litre of urine per day. A negative water balance for more than a very short period is incompatible with life." (Brown and Tisdall)

Moreover, when the condition is superimposed by chance infection, the delicate balance may be seriously upset, since the infant's reserves have already been drawn upon, so that resistance to infection and dangerous forms of diarrhea may be too low for safety. Every physician dreads diarrhea, which Holt and McIntosh call "the commonest ailment of infants in the summer months."

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Published monthly under direction of the Council, Arkansas Medical Society; Dr. W. R. Brooksher, editor, 610 First National Bank Bldg., Fort Smith, Ark. Vol. XXXI, No. 1. Subscription \$3 a year. Single copies 25 cents. Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.





FERGUS O. MAHONY, M. D., F. A. C. P.  
El Dorado  
President, Arkansas Medical Society,  
1934-1935



# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL



Vol. XXXI

FORT SMITH ARKANSAS, JUNE, 1934

No. 1

## ANNUAL ADDRESS

LEONCE J. KOSMINSKY, M. D.  
Texarkana

Gentlemen of the Arkansas Medical Society, it has not only been a great honor to be your President for the past year, but a pleasure to be long remembered. I did my best to visit every section of the state during the past year and visited every Councilor District meeting.

The year has been a very strenuous and trying one for the medical profession with all of the NRA, CWA, PWA, etc., and with it all none was so unsatisfactory to us as the Code given the medical man with prices most absurd. Your committee consisting of the President, Secretary, Chairman of the Council and Chairman of the Legislative Committee, made every effort to get some satisfactory arrangement and our fee bill adopted, all to no avail.

We fully realized that during the economic conditions, it was a process of "give and take" but for some unknown reason the medical profession as usual was supposed to *give*; no other profession or business was told just what to charge; the merchant, druggist, real estate man nor public utilities were demanded to cut prices at all, their prices were either accepted or rejected, mostly accepted.

The amount of charity contributed by the doctor in this country amounts to 24.58 per cent of his time which he can expect no compensation, combined with this the additional one-fourth which he charges and cannot collect, it will readily show that one-half of the doctor's working hours are given over to free work. It has been estimated that the American doctors do more than a million dollars worth of charity work a day. This was made by a careful survey not confined to any particular section of the country but the country at large.

The responsibility for charity, both medical and otherwise, properly belongs to philanthropic agencies and with our municipal, state, and federal governments and not with the doctor. He has always been and will continue to be willing to do his share towards the delinquents and needy on top of all the time he gives. The doctor is among the first called upon to donate to Community Chest and various charity funds; the old idea, all give and no take seems to apply mostly to the medical profession.

The question is asked, "Should medicine be socialized?" No. There has been too much politics and bureaucracy in other fields, as well as ours. The remedy must come from organized medicine whose nucleus is the County Medical Society, co-operating with the State Society, the logical dictator being the A. M. A. The county and state medical societies acting in an executive capacity thus making the A. M. A. powerful enough to initiate and enforce medical policies.

No code of law would be needed where the proper code of ethics, not only existed but was carried out. This is the critical hour. The doctors still have the opportunity for preventing outright socialization of medicine, by presenting a plan of their own for solving the problems of medical economics, whether by group practice, state subsidy, voluntary insurance or what not. If the doctors unresentfully lose this opportunity, a plan of medical care will arise anyway; but it will come in the worst way. The medical profession will have forced political control of the practice of medicine upon themselves by fighting it without vision.

The President should appoint a chairman of the State Society Public Health Committee and he appoint members of wide experience in public health activities and who have had the privilege of observing and sharing in work of state wide and

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national importance. Each County Society's Public Health committee should make such an analysis and furnish constructive criticisms and suggestions to the State Society and for their own County Society Public Health development. County Societies have already developed quite extensive programs.

#### THE TIME IS RIPE FOR ORGANIZED EFFORT

If the medical profession is to regain leadership in the health field, its leaders must clearly define the health needs of the present day; plan a program to adequately meet these needs; organize to work these plans out in co-operation with other allied workers in a practical and economic way so as to produce convincing results.

This is a time for calm and straight thinking; for long hard hours of work. Shoulder to shoulder, of our own free will, we must work out a plan and make it successful. Victory is on the side of *organized effort* in these times. Shall we organize or wait to *be* organized for health service in the community? We shall be leaders only as a result of what we do, not because we *are* physicians!

The "Diphtheria Project" is to be the chief concern of the Public Health committee. Other local health projects will be added during the year. The single project of diphtheria immunization should be carried on in every county. Every County Medical Society must co-operate in diphtheria immunization if the state project is to achieve the success we predict and hope for, particularly in the early years of child life.

#### INFANTS AND TODDLERS PREFERRED

The Public Health Committee should develop leaders in child health programs in the community. The practice of prevention really begins before birth. It includes heredity, but we cannot do much about that except in selected cases. The physician can begin soon after the birth of the child to protect the infant against diphtheria. In the years before children go to school, the physician can immunize any child still susceptible to diphtheria. He can watch the toddlers' growth and development and correct significant physical defects. He can advise parents as to their child's habits and nutrition. Care of the

infant and the pre-school child in the home is the objective toward which the physician helps and guides the parents.

#### PARENTAL EDUCATION

Parental education should be more practical. Theoretical and pseudo-scientific parental education is dangerous. Young parents, especially, need advice because they lack experience.

The county medical society members can do much to stabilize this worthy endeavor. Advice must be based upon experience and understanding. Such advice can be given by an experienced physician. His training in both prevention and cure has been practical as well as scientific. Physicians must impress upon parents the fact that the best advice for their child is that which is adapted to his needs and capacities.

After all is said and done, we can safely say that money spent in dues for a local and state medical society is one of the safest, surest investments a physician can make. Gentlemen, this last year in my travels over the state, I have come to realize what the friendship of man means; the close contact with you men in our profession.

So long as we love, we serve. So long as we are loved by others I would almost say that we are indispensable; and no man is useless while he has a friend. There is nothing quite so hygienic as friendship; to love and be loved means—even pulse, clear eyes, good digestion, sound sleep—success.

**Have YOU immunized all children over six months of age against Diphtheria, seen by YOU during the last two weeks?**

*METHOD: One injection (1 c.c.) of Toxoid three weeks apart for three injections.*

**Have YOU vaccinated all children under a year of age against smallpox seen by YOU during the last two weeks?**

**Have YOU provided for the proper normal feeding, growth and development of all infants, seen by YOU during the last two weeks?**

—Bulletin Los Angeles County Medical Society.



## Resolutions

Whereas, the Randolph County Medical Society has, in the death of Dr. W. E. Hughes, lost a valued member, and

Whereas, Dr. Hughes has held every office in the society at various times and has given much of his time and talents to the well being of the society, and

Whereas, the society feels a deep and irreparable loss in the demise of this man.

Therefore, be it resolved, that we adopt a resolution of respect to the departed one and express in this manner to the bereaved family and the public our appreciation of the life that has gone from among us.

Be it further resolved, that a copy of this resolution be placed in our minutes, a copy sent to the family, a copy to the Journal of Arkansas Medical Society, and a copy furnished the press for publication.

Adopted April 3rd, 1934.

J. E. SMITH,  
M. A. BALTZ,  
J. R. LOFTIS,  
*Committee.*

At a meeting of the Southeast Arkansas Medical Society held at Monticello, Arkansas, Monday, April 23d, the examination of pre-school children was discussed. The difficulties in securing thorough and proper examination of the children when huddled in large groups with the doctors operating without necessary conveniences and trained assistants at hand, such as has been the case in the past, was discussed at length. The opinion seemed to prevail that in order to give the child a fair deal and to make the examination thorough rather than superficial, it would be best to have the children examined in the private offices of the doctors, deliberately, rather than hurriedly, as in the past.

Realizing that a certain percentage of the parents might not be able to pay for these examinations, the doctors have offered to take care of all of these at no cost, charging only a very reasonable fee to those able to pay for the examination. The following resolution was offered and unanimously adopted:

Whereas, the function of the P. T. A., the medical and dental professions, among other things, is to prevent sickness and

raise the health standards among the school children, and

Whereas, the advancement of the child in school work is dependent upon a healthy body, and

Whereas, the first years in school are the most critical in that the change in environment, added restraints and compelled action bring about physical as well as mental reactions, therefore, be it

Resolved, by the P. T. A., the medical and dental professions represented, that the parents of all pre-school children have their children carefully examined by their family physician, or physician of their choice, and their physical condition certified to before the opening of school.

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## EDITORIAL COMMENT

A limited number of bound copies of The Journal, June 1933 to May 1934, are available from the editor at a cost of three dollars and seventy-five cents, delivery charges prepaid. Readers who desire to preserve their copies will find this a most convenient and inexpensive way. Remittance should accompany orders.

This issue is the last which will be mailed those physicians whose dues for 1934 are not paid. See your county secretary now and pay your dues in order that your membership may be continuous. Membership in your county and state society is a privilege and obligation; the society can not function without your support as a paid-up member.

Arkansas physicians have recently been circularized by a mutual insurance company, offering mal-practice insurance. We should like to call attention to the fact that the Arkansas Medical Society has a group contract with one of the best companies in this line, the Aetna, offering a desirable contract at a low rate. Experience of Arkansas physicians with this contract has been most satisfactory. The present rate is predicated on group coverage; any deviation of members in appreciable numbers would no doubt cause an advance in the minimum rate we now enjoy. The Secretary will be glad to furnish information on this and other phases of mal-practice insurance on request.

# THE JOURNAL

OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council.

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

Published Monthly. Subscription \$3.00 per year; single copies, 25 cents.

Entered as second-class matter June 21, 1906, at the postoffice at Little Rock, Arkansas, under the Act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

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## OUR PRESIDENT

Dr. Fergus O. Mahony was born in El Dorado, Union County, Arkansas, July 30, 1879. He is the son of Edmund and Mary Klover Mahony, deceased. During his early life he attended the public school at El Dorado. In 1901 he entered as an academic student the University of Arkansas, and there remained until 1904, at which time he became a candidate for the doctorate degree at the School of Medicine, Tulane University, where he graduated in 1908.

In December, 1908, Dr. Mahony was married to Miss Minnie MaGuire, also a native of Union County. Three children were born to this union, two boys and one girl. The oldest child, a daughter, is now married and lives in Texas. Dr. Mahony is proud to announce himself a grandfather, a son having been born about a year ago to his daughter.

Soon after graduating from medical school, Dr. Mahony became engaged as Assistant Surgeon for the Union Saw Mill Company of Huttig; later, during the period 1911-1913, he held a similar position with the Wisconsin Lumber Company, also of Huttig. During the summer of 1914, he returned to El Dorado, where he formed a partnership with a very charming and distinguished physician, Dr. R. A. Hilton. His association with Dr. Hilton is to him a fond and sacred reminiscence, prematurely interrupted by the death of this very dear friend. He has served as Local Surgeon for the Missouri Pacific Railroad for the past twenty-five years. In 1929 he was elected Chief of Staff of Warner Brown Hospital of El Dorado, which assignment he now holds.

Even though a busy physician, Dr. Mahony has maintained much civic interest. During the period 1916-1920, he served on the City Council of El Dorado. During the period 1917-1920, he served as City Health Officer, and was again appointed to this office in 1930, a position which he now holds. During the years 1917-1929, he held the office continuously as County Health Officer and was again reinstated in 1933. In 1917 he was appointed by the Governor as a member of the Arkansas State Board of Health, representing the Seventh Congressional District. This appointment has been continuous, being renewed by our present Governor. He is a member of the El Dorado Rotary Club and was for three years Exalted Ruler of the B. P. O. E. He is Past Master of the Roland Lodge No. 594, and was granted the pleasure of raising his son to the Masters Degree in the Masonic Lodge. Dr. Mahony is an Odd Fellow and also a member of the Knights of Pythias; he is a 32d Degree Mason and a Shriner.

Dr. Mahony is a staunch supporter of organized medicine. He has served at various times as President and as Secretary of the Union County Medical Society. He is a member of the American Medical Association, the Southern Medical Association and also the Arkansas Medical Society. The American College of Physicians, which was caused to convene in Minneapolis during the year 1930, elected him to fellowship. During the World War



he served as a Medical Member of the local Board.

While serving as part-time City and County Health Officer, Dr. Mahony has had an opportunity of studying seriously the field of Public Health. He believes that every practitioner should be a health officer, spreading the doctrine of preventive medicine among his clientele. He recognizes fully the need of close co-ordination with the medical fraternity of both official and non-official health agencies. In 1933 he was commissioned by the Surgeon General of the United States Public Health Service as Surgeon in the Reserve Corps.

So to us as our president for 1934-1935, Dr. Mahony brings the heritage of mature experience, the mellowing influence of the bedside, the wisdom from past conflicts and decisions. Under his leadership we shall continue our healthy growth, meet and solve our new problems, continue to uphold the honored traditions of the medical profession, and to serve. We pledge him our hearty co-operation and unified support.

## Personal and News Items

The following physicians hold interesting attendance records for meetings of the state society; Frank Vinsonhaler, Little Rock, has attended 39 of a possible 41 meetings. Absent from one while in service in France; from the other attending dedication of a building of Duke University as a delegate from the Society.

M. L. Norwood, Lockesburg.—In attendance at each meeting since 1898 except two, unable to attend because of illness in his family. Has attended 36 out of 38 possible meetings, 23 consecutively.

E. E. Barlow, Dermott—has attended 28 out of a possible 31 meetings.

L. T. Evans, Batesville—has attended 24 consecutive meetings.

Earle H. Hunt, Clarksville—has attended 25 out of a possible 26, 22 of these consecutively.

S. J. Allbright, Searcy—has attended 20 out of a possible 21 meetings, 19 consecutively.

J. M. Lemons, Pine Bluff—has attended 14 out of a possible 15 meetings, missing one because of illness.

Monroe County Medical Society adds another 100 per cent distinction by registering every member at the Little Rock meeting.

J. B. Jameson addressed the Camden Lions' Club April 11th on "Public Health."

Val Parmley addressed the following groups on legislative policies of the medical and allied professions: Seventh District Arkansas Pharmaceutical Association, Little Rock, at its April meeting on "Closer Co-operation Between Druggists and Doctors"; Ninth District Arkansas Pharmaceutical Association, Hot Springs National Park, May 7th; Arkansas Hospital Association, Little Rock, May 9th, and Arkansas Dental Association, May 16th.

"A Retrospect and Some Brief Suggestions Concerning Acute Appendicitis," by G. E. Cannon, of Hope, appears in the April 1934 issue of the Tri-State Medical Journal.

Dr. J. A. King has recently opened a six-room hospital with a bed capacity of eighteen at Elaine.

Frank Vinsonhaler addressed the Little Rock Civitan Club May 4th on "The Life of Albert Pike."

The Journal congratulates the following on their selection:

J. M. Kolb, Clarksville, director of Lions Club.

S. A. Drennen, Stuttgart, president of Arkansas Booster Club.

H. Fay H. Jones, Little Rock, vice-commander of Little Rock Chapter Military Order of the World War.

J. T. Powell, Gravette, city health officer.

H. K. Carrington, Magnolia, city health officer.

O. R. Kelly, Sheridan, President of Rotary Club.

W. J. Blackwood, Rector, Director of school board.

C. H. McKnight, Brinkley, Director of Rotary Club.

Sixty-five physicians were the guests of the Cooper Clinic staff, Fort Smith, May 12th, to hear Dr. Louis Rudolph, of Chicago, speak on "Vertex Dystocia." A Dutch lunch was served after the address.

## Proceedings of Societies

White County Medical Society met April 11th at the home of A. G. Harrison, Searcy, for the following program presented by the staff of St. Vincent's Infirmary, Little Rock:

Diabetes—S. C. Fulmer.

Spina Bifida—F. Walter Carruthers.

Amebic Dysentery—Homer Higgins.

Calcified Fetus—S. P. Bond.

Diseases of the Pancreas—George B. Lewis.

M. J. Kilbury discussed the pathological findings, and W. E. Gray, Jr., the roentgen-ray findings in the cases reported.

The Sebastian County Medical Society held its regular session in Sallisaw, Oklahoma, May 8th with Drs. Morrow, Cheek and Jones of Sallisaw as hosts for dinner. Twenty-five members attended the first meeting of this society ever to be held out of Fort Smith. Thirty-five physicians were present to hear the following program: Nephritis—H. C. Dorsey; Jaundice—S. J. Wolfermann.

J. W. AMIS, *Secretary*.

Dr. Ernest Sachs, Saint Louis, addressed the Pulaski County Medical Society, May 14th on "Diagnosis and Treatment of Diseases and Injuries of the Spinal Cord."

Members of the Sebastian County Medical Society were guests of the Muskogee, Oklahoma, County Medical Society for a dinner meeting at the Baptist Hospital, Muskogee, May 14th. The following program was presented:

The Decline of Prescription Writing—C. H. Kennedy.

Some Salient Points in the Management of Labor—C. B. Billingsley.

Unusual Malignancies of the Face—D. W. Goldstein.

Dr. Harold Swanberg, Quincy, addressed the Sparks Memorial Hospital staff, Fort Smith, May 7th, and the Garland County-Hot Springs Medical Society, May 8th, on "Radium Treatment of Abnormal Bleeding," and the Craighead-Poinsett

County Medical Society, Jonesboro, May 9th, on "Radium Treatment of Carcinoma of the Cervix."

The Lincoln County Medical Society held its 38th anniversary meeting at Star City May 7th, honoring B. F. Tarver, Star City and A. S. J. Collins, Monticello, the only living charter members. Guest speakers were: W. F. Smith, A. C. Shipp and L. F. Barrier, of Little Rock.

Harvey S. Thatcher, Little Rock, addressed the Southeast Arkansas Medical Society at Monticello, April 23rd.

The First Councilor District Medical Society met at Jonesboro, May 3rd, with the following scientific program:

Infections—P. M. Lutterloh, Jonesboro.

Endocrinology—W. T. Black, Memphis.

Common Summer Disorders in Children and Procedure of Treatment—R. C. Taylor, Memphis.

Classification and Management of the Average Maternity Case—S. B. Hinkle, Little Rock.

A Clinico-Pathological Discussion of the Diseased Cervix—Phil C. Schreier, Memphis.

Goiter, A Preventable Disease—E. M. Holder, Memphis.

About sixty physicians were in attendance. Ralph Sloan, Jonesboro, was elected secretary-treasurer.

F. D. SMITH, *Secretary*.

The Tri-County Medical Society met at Arkadelphia, April 26th, the following program being presented:

The Allergic Individual—A. G. Cazort, Little Rock.

Osteomyelitis—F. W. Carruthers, Little Rock.

Burns and Shock from Electricity—L. Val Parmley, Little Rock.

The next meeting will be held at Hope on May 31st.

C. K. TOWNSEND, *Secretary*.

A tuberculosis case-finding clinic was conducted by the Monroe County Medical Society at Brinkley on April 3rd and 4th, with Drs. J. J. Willingham, State Sanato-



rium, and S. C. Fulmer, Little Rock, assisting. Hugh Brown, of the McRae Memorial Sanatorium, examined the negroes. One hundred and one examinations were made and 379 Mantoux tests made. The Monroe County Medical Society met at the Rusher Hotel, April 3rd, in dinner session. The following program was presented:

Incidence of Tuberculosis—J. J. Wilingham.

Classification of Diseases of the Heart—S. C. Fulmer.

C. A. HENRY, *Secretary*.

The Lawrence County Medical Society met at Alicia, May 8th, with Drs. C. C. Ball, Ravenden, and J. H. McCurry, Cash, presenting the scientific program.

## Obituary

DR. S. A. COLLUM, Sr., a pioneer Texarkana physician, died at his office on the afternoon of April 26th following a heart attack. Although Dr. Collum had suffered similar attacks in the past several years, he was in apparent good health and had been performing his usual professional duties at the time of his death. Dr. Collum was born in Bowie County, Texas, September 30, 1866, and completed the grade and high schools of that county to later enter the University of Texas. Following his graduation from the University of Louisville in 1892, he began practice in Texarkana, where he grew in the esteem and affection of his fellow-citizens. He was a fellow of the American College of Surgeons, a past president of the North Texas Medical Society, a member of the Bowie-Miller County, the Texas State, the Arkansas and the American Medical Associations. He was one of the organizers and at the time of his death, president of the Texarkana Hospital. He was a member of the Rotary Club of Texarkana, which has honored his memory by designating its annual contribution to the rehabilitation of crippled children, to whom Dr. Collum had devoted many hours, as the Collum contribution. For several years he served as an officer and member of the

Board of Health of Texarkana, and was an elder of the First Presbyterian Church. He is survived by his wife, two daughters, Mrs. G. O. Gantt, of Houston, Mrs. James F. Warren, of Texarkana; one son, Dr. S. A. Collum, Jr., and two brothers, John and Bob, of Texarkana.

DR. ALBERT I. MOORE, Fayetteville, age 72, died at his home May 8th. He graduated from the University of Michigan in 1884 and first located at Hindsville, joining his brother, the late Dr. John Moore. He moved to Fayetteville in 1895. In addition to his wife, two daughters and a sister, he is survived by a brother, Dr. Will Moore, of Rogers.

DR. C. B. PATTON, aged 90, a retired physician, died at his home in Batesville, May 3rd. He was a graduate of Tulane University and had practiced medicine fifty years. He served with the 21st Texas Cavalry throughout the Civil War. He is survived among others by his daughter, Mrs. J. M. Hooper, of Batesville.

DR. OLEANDER HOWTON of Luxora, died at a hospital in Memphis May 7th, 24 hours after he had arrived at the hospital to accompany his wife, who had been confined there two weeks, back to Luxora.

A native of Dawson Springs, Ky., Dr. Howton practiced medicine in Mississippi county, Arkansas, 25 years. He was at Osceola before going to Luxora. He was a graduate of the Hospital College of Medicine, Louisville, in 1903.

Besides his wife, Dr. Howton is survived by a daughter, Mrs. John Thweatt of Luxora, and a brother, Lonzo Howton of Osceola.

## ANNOUNCEMENT

The Gyneceean Hospital Institute of Gynecologic Research of the University of Pennsylvania, is conducting an intensive study of families into which congenitally malformed individuals have been born.

Special interest centers in families in which malformations have appeared in two or more children. Physicians who have knowledge of any such families are urged to communicate with Dr. Douglas P. Murphy, Gyneceean Hospital Institute, University of Pennsylvania, Philadelphia, Pa.

PROCEEDINGS  
OF THE  
FIFTY-NINTH ANNUAL SESSION  
OF THE  
ARKANSAS MEDICAL SOCIETY

Little Rock, April 16, 17, 18, 1934

HOUSE OF DELEGATES

Monday Morning, April 16

The House of Delegates was called to order at 9:30 a. m. by the President L. J. Kosminsky.

The roll of delegates was called, which disclosed a quorum present.

Joseph Shuffield, of Little Rock, J. G. Gladden, of Western Grove, and Wm. Johnson, of Hardy, were appointed as credentials committee.

By motion the minutes of the 58th Annual Meeting as published in the July, 1933, issue of the Journal were adopted.

Fay Jones, of Little Rock, H. Moulton, of Fort Smith, and Earle Hunt, of Clarksville, were appointed Reference Committee.

The next order of business was the president's address by L. J. Kosminsky:

Gentlemen: I will not give you an address, because I have a message to deliver this afternoon to the General Session, but the program committee put me down for one before you. I just want to make a few remarks, to tell you that it has been an extreme pleasure and a distinct honor to serve you to the best of my ability as President of the Arkansas Medical Society, Arkansas the State of my birth and of my rearing. No man can feel prouder or happier to occupy this position than I have been. No matter what position I might ever hold in the future, there will be none more gratifying to me than that of representing my own profession. The past year has been a hard and trying one, but I am happy to report that our membership is near the 900 mark, although there are a total of 1,800 or 2,000 physicians who are eligible to membership. So you see that organized medicine has a minority. Now, gentlemen, when we stand on the inside with 900 members, and on the outside there are about 1,100, we haven't that hearty co-operation and the organization that we should

have. Gentlemen, if you want to accomplish anything, there must be unity; unity in strength, unity in purpose and unity in power. I sincerely hope that the members who are present and those who have seen fit to become members of the society will consider it their duty as members to try and get every eligible physician in Arkansas to become a member of his component county society and thereby a member of the state society.

There are a good many things that the members of the Arkansas Medical Society might be able to do. According to statistics, the national mortality rate in Japan was only 2.7 per thousand as compared to 6.7 in the United States, this record covering a period of 25 years. It has been shown that 65 per cent of the deaths among mothers in child birth could be avoided if better care were taken. That doesn't sound very good for a country as far advanced as ours. This applies to the entire country, and it is high time that laws should be passed confining the care of maternal cases to educated and properly equipped men. The future advance of our country rests with the oncoming generation. If we have such a large death rate in this country as compared to Japan, it must be the fault of the legislatures in the various states in permitting midwives to practice in confinement cases, with uncleanness and insanitary conditions necessarily following. I hope that the next legislative committee will take this message to heart and see if we can not correct this evil.

Gentlemen, there is another thing that the medical profession has neglected, which I have tried in my feeble way to impart to the profession in my various visits over the state. The medical profession forgets to exercise its right of franchise on election day. There is no set of men anywhere who are better qualified to pass on a man's qualifications for any public office. Why shouldn't the doctor be better qualified to tell you if any man, whose family he has ministered to in sickness and distress, is fit to fill a public office? It is your duty and my duty in this coming election to see that we send men to the legislature and to various offices in the various communities in the state and nation who are unbiased, men who are broad enough to give every one an equal share and an equal right. That doesn't mean that the medical profession should run the politics of the state but the medical profession



must realize that it is their duty to their community, to their state and nation, to see that men who are broad, qualified, men of the right type, good, noble, and upright men, should fill these offices, and we should let our friends know the kind of men we are supporting.

Now, in seeking support for the various charities, the parties at the head of the campaigns seek the doctors, figuring that the doctors should donate a big lump sum, and they put him down for such, never stopping to realize the amount of charity that the doctor does. There is not any man, who has the honor and distinction of being called a doctor, who has ever refused in time of emergency to bear his share. In fact, he has always done more. And I want to say that there is no set of men in the state of Arkansas who are broader, higher-minded men than the men who are members of the Arkansas Medical Society.

Gentlemen, I hope you will bear in mind that this has been an extremely hard year to me because the old wheel horse, the man who lived, who ate, who slept and who dreamed organized medicine was taken from us early in my administration, a man who I intended to lean on with all power and all force, a man you all knew and loved, a man lost not only to the Arkansas Medical Society and the medical fraternity, but to this great country of ours, and I speak of none other than our departed secretary, Dr. Bathurst. I will ask this House of Delegates to rise now in a 30 second silent devotion to memory of Dr. Bathurst. (The House stood in silent devotion.)

When the Council met to elect his successor, they chose a young man of Fort Smith, Dr. Brooksher, and in all sincerity, gentlemen, I want to say that that young man has done wonderfully well. I have never called upon him, morning, noon or night, to meet me in any section of the state that he has not responded. It is going to be a task for anybody, I don't care who it might be, to fill the shoes of our departed secretary. It is going to take many and many a year for this man to become acquainted with the surroundings, because the man we lost governed without any ostentation. He was mild, meek and friendly to every one; you never got an opinion from him unless you pumped it out of him; and the man who can live that kind of life and depart loved and respected by every one has a great task before him.

Now, it is up to the members of this society to lend their co-operation to those who advertise in our Journal by patronizing these advertisers, everything else being equal. When you pass in and out of this hall, stop at the exhibits they have. These men are friends of the Arkansas Medical Society. They spend their money to display their exhibits. Let's spend a few moments of our time by giving attention to them and looking at their exhibits. We can increase the advertising in our Journal by telling these men who furnish the advertising that we patronize them because they are friends of the Arkansas Medical Society, having proven so by their advertising in the Journal.

Gentlemen, I want to thank each and every member of the various committees for their hearty support and co-operation during my administration the past year, and I want to say in behalf of the chairman of the Council, whose report you received, that he was ever alert and fought to the last ditch to have the fee bill as adopted by your committee approved. But, gentlemen, as I say, when you have eight or nine hundred members of the profession in the society out of a probable total of two thousand, you know no one is going to listen to you.

Now, a great many men will say, "Well, what good is there in belonging to the medical society?" When a large insurance company wants a man to examine for them, when a large industrial company wants a surgeon or a physician to work for them, or a railroad company, they are not going out into the field and pick a man who doesn't believe in organized medicine. And you wonder why. Because the legal fraternity is just as well organized as any body of men and when they put you on the stand, they will ask you, "Dr. Brown, you are a graduate of what school?" and you tell him. "Doctor, you practice where? How long have you been practicing there?" And they go as far as to ask you your age, and I get by by saying that I am almost as old as Texarkana, because I was born there, and they never get my age. Then they will ask you, "Doctor, do you belong to your county medical society?" You say, "No, I don't." "Well, doctor, why don't you belong to your medical society?" "I don't believe in it." Well, now, don't think for a minute that that lawyer will not say to the jury, "Gentlemen of the jury, the defense has Dr. So-and-So who practices medicine in this town but he doesn't belong to the medical society, because he doesn't believe in it. Now, gentlemen he won't tell you the truth about these things. The fact is that he doesn't belong to organized medicine because the high-type practitioner who believes in organized medicine, who believes in medical societies, doubts this man's integrity, and they won't let him belong, and if the men who know his qualifications and know him as a man can't believe in him, how can the members of this jury believe in him." A great many of you may differ with me on that point but when you stop and think of it you will see that I am right.

Now, if I have neglected my duty in any sense of the word, it has been of the mind and not of the heart. The friendships I have made in the past year will linger with me until my dying day. And I want to thank each and every one of the medical profession and the Auxiliary for their honest co-operation and their loyal support in the past year. I thank you. (Applause.)

Dr. Gann: The House of Delegates appreciates Dr. Kosminsky's message.

The reports of the standing committees were next received.

## SCIENTIFIC PROGRAM

R. B. Robins, Chairman

The results of the efforts of our committee are before you today, tomorrow and the next day. We hope we have provided a three-day session and program here that will meet with your approval, both scientifically and socially. Your committee began work on this program immediately after its appointment and has worked diligently all through the year in order to provide something for you that is worth while. We hope we have succeeded. You will have to be the judge of that. It is the opinion of this committee, and we would like to so recommend, that the papers of our out-of-state guests not be open for general discussion but all other papers, as has been the custom in the past, will be open for general discussion. Since our program is full, we believe that all discussions should be very brief and to the point.

We want to thank those who are taking part in this program for their generous contributions. I want to take this occasion to thank the other members of the Program Committee, Drs. Geo. F. Jackson, L. H. Lanier and W. R. Brooksher for their splendid help and co-operation. We have enjoyed serving. I thank you.

## SCIENTIFIC EXHIBIT

H. Fay H. Jones, Chairman

We have tried to give you a good exhibit this year. There are many interesting exhibits. Dr. Kosminsky said awhile ago to be sure and stop and encourage the men by showing your interest. One man said he had an exhibit at different meetings and had never seen any one look at it. I told him he was all wet, because I looked at it myself for one, and knew several others had.

We hope you will enjoy them. The men on the committee with me have given me loyal and helpful support, and I am very glad to be able to do my part.

REPORT OF THE COMMITTEE ON  
MEDICAL LEGISLATION

Mr. President and members of the House of Delegates of the Arkansas Medical Society:

The Committee on Medical Legislation met, in response to the call of the chairman, at breakfast April 16th to consider this report and certain recommendations contained herein. Our President, L. J. Kosminsky; our President-elect, F. O. Mahony; our Secretary, W. R. Brooksher, and our Legal Adviser, Hon. Peter A. Deisch, were also guests of the chairman at this meeting. There were several extraordinary sessions of the Legislature since our last meeting but no problems of consequence to the medical profession were considered during any of those sessions except the small percentage of tax receipts from beer sales allotted to the Arkansas Children's Home and Hospital. Therefore there has been no occasion for a previous meeting of the Committee on Medical Legislation.

Nationally, legislation of considerable interest to the medical profession has proceeded to a climax. The bills referred to concern the restoration of benefits to veterans. The compromise bill was passed by both Houses of Congress, vetoed by the President and repassed over the veto, as no doubt all of you are fully aware. The chairman of this committee was advised, on several occasions, to contact our representatives in Congress expressing our views and our objections. The chairman immediately got in touch with the members of this committee, members of the Council as well as officers of the Society, and our representatives in Congress were flooded with telegrams and letters. We have received answers from all our representatives to Congress but apparently politics over-shadowed the better judgment of most of our representatives and one senator to the extent that Congressman Terry and Senator Robinson were the only votes from Arkansas sustaining the President's veto. It behooves all of us to remember this.

Several bills have been proposed for consideration in the forthcoming regular session of our state Legislature and have been under the consideration of this committee for some time. The bills referred to deal with workmen's compensation laws, restriction of the indiscriminate sale of certain somnifacient and sedative preparations, administration of anesthetics by doctors of medicine only and certain limitations upon legal procedure in damage suits for malpractice.

Arkansas is one of the three states not having a workman's compensation law. Your chairman is in the midst of a study of various laws in force and some that have been proposed. Your committee believes that such a well-founded law should be enacted.

Several states have a law on their statutes requiring prescriptions signed by doctors before certain somnifacient and sedative preparations may be dispensed. A conference recently with a group of representative druggists, who officially represented the Little Rock Drug Club, on this subject convinced us that the druggists of Arkansas will co-operate heartily in the passage of such an act.

The committee is informed that only four states have laws concerning the administration of anesthetics. The proposed bill provides that only those persons holding the degree of Doctor of Medicine shall administer anesthetics except in extreme emergencies when another physician is not available for that purpose. Other minor points concerning the administration of anesthetics are included in the proposed bill. It is estimated that fully 50 per cent of anesthetics are administered by nurses, undergraduates and others who are not competent as physicians.

A bill has been proposed for limiting the time for institution of a suit for damages for malpractice to one year following the alleged act of malpractice.

No doubt the new committee on Medical Legislation greatly appreciates hearing from members of the profession on these proposed measures. In this report we have called attention to a num-



ber of existing evils that should be corrected but it is not the intention of this committee to initiate all subjects considered herein in the Legislature.

This committee wishes to remind the profession of the state that elections will soon take place. We have for years been encouraging the members of the profession to become politically minded and to take an active interest in elections. Lack of concerted action and preparation has caused us many anxious hours. You will no doubt hear more on this subject from your new committee chairman.

In conclusion we desire to thank our president for giving us this opportunity to serve the Arkansas Medical Society during the past year in the capacity of the Committee on Medical Legislation.

Respectfully submitted,

VAL PARMLEY, Chairman.

M. L. NORWOOD.

CHAS. K. TOWNSEND.

R. L. ARMSTRONG.

W. T. LOWE.

J. R. PARKER.

J. G. MARTINDALE.

#### HEALTH AND PUBLIC INSTRUCTION

W. B. Grayson, Chairman.

The committee on Public Health desires to submit the following report:

Very little information is to be offered from the time of the last State Medical Meeting until June 14th, 1933. On June 14th, 1933, a new State Health Officer, W. B. Grayson, was appointed, succeeding C. W. Garrison.

The new State Health Officer has pledged his co-operation with the medical profession of the state and has inaugurated three policies which the State Health Department is endeavoring to live up to, i. e.:

(1) That the personnel of the State Health Department shall not practice medicine in any form or fashion.

(2) The discouragement of free wholesale immunization clinics, and

(3) The discontinuance of free wholesale tonsillectomy clinics, unless the County Society desires to put on such a clinic. The State Health Department does not believe in this type of clinic but if a County Society desires to put one on, the State Health Department will co-operate rather than endeavor to stop it.

Due to financial conditions, the appropriation for the state Health Department was cut fifty-two per cent by the 1933 regular session of the legislature, resulting in reduction of the personnel, with the abolishment of certain field offices. It has been very difficult to secure funds to retain the nursing personnel; however, after several conferences, Federal funds were obtained to supplement the state funds, and at the present time we have

at least a public health nurse in all counties but three. The funds obtained from the tax on insurance policies have decreased considerably due to so many people allowing their insurance policies to lapse. This, with the deplorable financial condition of nearly every county in the state, has worked a great hardship on the State Health Department in keeping the nurses in the field.

We are endeavoring to our utmost to keep our nursing activities from encroaching upon the rights of the practitioners of the state. We are co-operating with the County Medical Societies in the assignment and activities of the nurses. We are very happy to report that at this time there is no friction between the State Health Department and the County and State Medical Societies. We shall always encourage the reporting to the State Health Department of any local difficulties which might arise between organized medicine and public health.

A summary of communicable diseases prevalent in the state since June, 1933, might be listed as follows:

We are glad to report that during the serious outbreak of encephalitis in St. Louis during the summer and fall of 1933, only three or four definitely diagnosed cases were found in our state.

There seems to be much more malaria in the state this year than in the past several years, probably due to many factors, such as lack of screening and repairing of screens, inability to properly drain or oil stagnant ponds of water, and the low financial condition of many of our people, making it impossible to purchase quinine for preventive measures.

During the months of December and January a rather serious outbreak of epidemic cerebrospinal meningitis occurred at the Tucker Prison Farm. There were eleven cases in all, with seven deaths. Considering the exceedingly crowded condition of the stockades in the two camps in which this outbreak occurred, we feel that, with only seven deaths, good work was done in stamping out this disease. The United States Public Health Service co-operated by sending an epidemiologist to help and to study the situation. We are sorry that no new information was obtained regarding this disease by the study of this outbreak.

In two or three schools of the state a rather serious outbreak of diphtheria occurred; however, no great number of deaths from this disease were reported to the office of Vital Statistics. The new prophylaxis by the Alum Precipitate Toxoid makes it easier to inoculate more individuals, especially children, by the one dose method.

Scarlet fever epidemics were about as usual over the state, and although it is known that one state health department is using a prophylactic serum for scarlet fever, which requires five inoculations, the State Health Department of Arkansas does not encourage this method of prophylaxis in scarlet fever for the reason that so many separate inoculations make it rather difficult of performance. And also, the period of immunity is indefinite, probably lasting only about one year.

There has been an unusual outbreak of measles over the state, and the latest authorities have not thrown any new light on the subject in regard to prevalence or treatment. It is definitely known that the incubation period is fourteen days in measles, and it has been proven that the last three or four days of this incubation period is really the period of invasion.

In November the United States Health Service and the State Health Department, in co-operation with the Civil Works Administration, instituted a state-wide sanitation program for the construction of sanitary pit privies, and also a malaria control program for the malarial section of the state. The combined programs employed about five thousand five hundred men, and the general reaction of the people of our state would indicate that it was favorably accepted by everyone. Over one thousand miles of shallow drainage ditches were completed in the malaria control program and close to sixteen thousand sanitary privies were constructed in the Sanitation Program. Efforts were made to include screening of houses and also laboratory procedure in the malarial control program, but this was consistently refused by authorities at Washington.

Over two hundred fifty unemployed graduate nurses were assigned through the State Health Department, in co-operation with the Civil Works Service, to assist our regular county health nurses and to do child hygiene at various schools over the state, as well as to conduct home hygiene classes in various counties.

Public health work in this state has made favorable progress according to reports from the United States Public Health Service and from the Rockefeller Foundation. No funds have been allotted by the Rosenwald Foundation during this period.

The Public Health Service has rendered invaluable aid to cities and communities in approving and helping several cities to secure sewerage and water disposal plants or repairs, and extension of present water sewerage through co-operation of the Public Works Administration.

There has been no law in this state regarding the licensure of midwives. The State Health Department regulates the practice of midwifery in this state, and in a great many instances permits were refused due to the fact that the applicant did not have the approval of the physicians in her community. Every effort will be made to keep this practice within bounds according to the particular counties.

W. B. GRAYSON, Chairman.  
J. F. WILLIAMS.  
F. O. ROGERS.  
PAUL MAHONEY.  
J. D. RILEY.  
A. S. BUCHANAN.

#### REPORT OF CREDENTIALS COMMITTEE

Dr. Shuffield: I wish to announce that the committee has carefully checked the card registrations against the records and the credentials, and while quite a number are absent, those present have been duly qualified.

#### CANCER CONTROL

W. Decker Smith, Chairman

Mr. President and Members of the House of Delegates:

Your Committee on Cancer control followed during the past year a definite policy arranged in conjunction with the American Society for the Control of Cancer.

Heretofore this committee has set aside a week to be devoted to cancer control. The committee and representatives of the National Society on the control of this disease believe that this important subject requires a continued program, extending through the entire year. A definite five-year program has been formulated in which the committee hopes to accomplish something definite in the early recognition and treatment of the disease.

Realizing the fact that the family physician is the key-man in cancer control, our object is to create a yearly symposium in each component part of the state medical society to stimulate greater interest in study, control and cure of cancer. This year a symposium of tumors of the uterus is being followed and a large number of the county and district medical societies have responded with medical and surgical papers on this subject. This society through the courtesy of the American Society for the Control of Cancer, has available moving picture films, lantern slides and medical papers for use by the various county and district medical societies in their programs. These films and slides are deposited with the University of Arkansas Medical School and can be obtained by either writing to the chairman of the Cancer Control Committee or H. S. Thatcher of the Medical School.

The Canti film and various medical pamphlets for distribution have also been made available to the state society to be used in public health and lay meetings and have been used by some of the county and district societies during the past year.

An interest in this subject must be created in the mind of the laymen so they may realize that the disease is curable in its early stages. They must be acquainted with the early symptoms and the importance of frequent periodic examinations by their family physician of all suspicious lesions. For this purpose a series of newspaper articles have been prepared by national authorities on the disease and which have been censored by your Committee on Publicity. These articles are to appear in various newspapers of the state in the near future.

In regard to newspaper publicity, there has been some difficulty in obtaining the co-operation of newspapers with large distribution. I speak particularly of the Arkansas Gazette which has refused to publish such articles because of the fact that the managing editor "does not feel that sufficient interest will be aroused by the articles to justify their publication." It appears to me, personally, that this is not the proper attitude for one of our largest state institutions to take, especially when it is a public health measure aimed at the improvement of one of the most



dreaded and destructive diseases with which the human race is afflicted.

We are trying to have established, definite courses pertaining to all phases of cancer in the nurses' training schools in the various hospitals of the state, and text books for instructions in this disease have been furnished to the respective superintendents.

A recent communication from the managing director of the American Society for the Control informs your committee that due to curtailed financial support of their organization, it will be handicapped during the coming year. It seems likely that the national societies will have to make a nominal charge for literature and for the preparation of material for next year's program. They are asking for donations from our state in the amount of \$500.00 in order that this important program may be continued. Just how this money is to be raised is not quite clear to your committee, but we feel that sufficient interest should be obtained in our state to raise the amount asked for the continuation of this work.

In conclusion, I wish to thank the other members of the committee for their help and also Dr. Cox, Southern Field Representative and his staff of the American Society for the Control of Cancer, who have been very helpful at all times with the program sponsored by our medical society.

W. DECKER SMITH, Chairman.  
D. W. GOLDSTEIN.

B. E. HENDRIX.

L. A. PURIFOY.

CHAS. S. HOLT.

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## CONSTITUTION AND BY-LAWS

D. A. Rhinehart, Chairman

Dr. Rhinehart: The Committee on Constitution and By-Laws calls attention to the constitutional changes that have been printed on page 11 of the program. These were presented and read at the last annual session. The constitution provides that they be held over for a year and published twice during the year, which has been done, and brought up for final adoption at the succeeding meeting. Is it the pleasure of the House of Delegates that these changes be taken up one at a time, read and adopted singly, or would you prefer to have them all adopted as a whole?

By motion the amendments were adopted as a whole.

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## PUBLICITY

Jerome S. Levy, Chairman

The Committee on Publicity met at the Albert Pike Hotel on March 1st, 1934. Dr. D. A. Rhinehart met with us as our guest. Your committee discussed various publicity features with a view to a campaign for medical education of the public.

The rapidity of changes for the past few years has taught American people to think more actively about government affairs. This has stimu-

lated the minds of the people and has made them aware of the need of progressive views. It is fitting that at this time the medical profession should be "actionary," rather than "reactionary" and wage an intensive campaign to inform the public of the great progress which has characterized our profession during the last decade. We have left it to the newspapers in their quest for news to publish whatever new discoveries have stood the test of research and clinical experience. We have also half-heartedly answered criticisms of our medical economics. Press dispatches headlined the accusation that "Doctors Were Plumbers" and that "Some 40 per cent to 60 per cent of Appendectomies are Unnecessary." However, Doctor Dean Lewis' answer was given but little space. We owe it to ourselves to adopt a plan of publicity which would eliminate such occurrences whose aftermaths are so potentially dangerous. With this in mind your committee makes the following recommendations:

1. That the Arkansas Medical Society carry on an intensive publicity plan under the direction of a committee on publicity.

(a) That this plan encompass articles and speeches on medical progress, medical subjects of general interest, dissemination of the principles of preventive medicine, and to explain the importance of the maintenance of high ethical standards.

2. This program to be carried out by several methods, each of which may be used.

(a) The first method is utilization of the newspapers for short concise articles written by various members at the request of the committee and distributed by the committee. These should be given out as under the auspices of the committee on publicity of the Arkansas Medical Society. They should be written under a definite plan and released for publication in accordance with the workings of this plan. The committee has choice of one of several methods of release, namely: through each county society whose responsibility will be to place them in the respective county newspapers; for the committee to send them direct to the newspapers or syndicate them through the Western Newspaper Union or some similar agencies. The committee feels that advertisements in the papers and over radio broadcasts are too costly at this time for the medical society's finances.

(b) The second method is through the effective working of a Speaker's Bureau. The committee had in mind the organization of a State Speaker's Bureau. This would be composed of physicians selected by the committee because of their ability as speakers as well as for their medical knowledge. They would be used as a nucleus of a larger body which would be formed as the plan becomes workable. These men would be asked to prepare talks of various lengths on specified subjects and to hold themselves in readiness to appear on a week's notice before various civic clubs; Parent-Teacher Associations, school assemblies or public programs of various sorts. Your committee would then be in position to notify the secretary or president of a given organization, say a

PTA, that it was prepared to give a series of talks on health subjects of particular value to the parents and teachers of the school child. The committee could also notify a given civic club that a capable speaker with an important civic message on health was available to address that club. We would thus be able to build up a public confidence which our silence has strained. These speakers, of course, could be exchanged between counties as we well know a "prophet is without honor in his own county."

JEROME S. LEVY, Chairman.  
S. J. HESTERLY.  
EARLE H. HUNT.  
F. E. BAKER.  
E. L. BECK.

#### CHILD WELFARE

S. A. Drennen, Chairman.

To the Fifty-Ninth Annual Session of the Arkansas Medical Society:

We, your committee on Child Welfare, beg to report the following:

In so far as the committee has been able to ascertain from investigation there has not been any definite program outlined by the Arkansas Medical Society pertaining to Child Welfare.

The problem of child welfare to our organization is only that of looking after the physical and mental condition of the child. And, as we are all aware these conditions have been met by the individual practitioner. Your committee has investigated the programs of other organizations pertaining to child welfare and have found some rather interesting statistics. It would be most surprising to this organization to know the number of handicapped children in twenty-three counties of this state which were surveyed by the child welfare department of the American Legion and the available statistics of our Public Health Department are also very interesting.

Time will not permit us to go into statistics in regard to the different kind and numbers of handicaps but suffice it to say that they are in greater numbers than even we of the medical profession are led to believe. Your committee believes from a thorough study of this subject that it is too large for one single organization to attack, and that if the handicapped children of this state are to receive what they are justly entitled to it will only be through a concerted effort of all organizations having to do with this particular subject. As you know there are a great number of the different organizations having their child welfare departments and we are quick to admit that they have done and are doing their very best which we know is very little. We believe the moneys that these departments have and are expending in this field could be handled by one particular organization we would get somewhere and in conclusion your committee would strongly recommend the endorsing by the Arkan-

sas Medical Society a department to be created by the General Assembly of this state to be known as the Department of Public Welfare. Investigation of the same departments of other states leads your committee to believe that this would be a happy solution to this perplexing problem.

Respectfully submitted,

S. A. DRENNEN, Chairman.

#### DISEASES OF THE HEART

A. G. Sullivan, Chairman.

To the President and Members of the House of Delegates:

The death rate from heart disease in Arkansas in 1932 (the latest year for which statistics are available) was 99.6 per 100,000 population. This rate was the lowest of any state in the Union and compares very favorably with the highest rate, that of 323 in New Hampshire, and with a rate of 224 for the United States, as a whole. Whereas for the United States as a whole, the mortality rate from heart disease increased from 214 to 224 per 100,000 population, from 1930 to 1932; the Arkansas rate declined from a peak of 117 in 1930 to 99 in 1932. It might be added that in 1932 in death rates from all causes, Arkansas ranked 4th from lowest in the United States with the gratifying low rate of 873.9 per 100,000 population.

Despite this improvement, however, heart disease is still causing far more deaths in Arkansas than any other agency. There is at present no way of breaking down these statistics in order to obtain information as to the etiological factors involved. Even though physicians follow closely the International List of Causes of Death in making out death certificates there is still a great deficiency in this respect. The list was revised in 1930 and includes under general classification "Heart Disease" the sub-headings:

Pericarditis,

Acute endocarditis,

Chronic endocarditis, valvular diseases,

Diseases of the myocardium,

Diseases of the coronary arteries and angina pectoris, and

Other diseases of the heart.

Unfortunately for any purpose of analysis about 88 per cent of all deaths attributed to the general classification of heart disease are listed under the heading "other diseases of the heart," or just "heart diseases." A survey is being undertaken by your committee among several men in the state particularly interested in heart disease to determine what etiological factors are most prominent. That is, what percentage of heart disease in their private, clinic and hospital practice is attributed to rheumatism, syphilis, arteriosclerosis, hypertension, etc. By applying these morbidity figures among the native white population to the mortal-



ity statistics it is hoped that a clearer picture of heart disease in the state of Arkansas may be presented to the medical profession.

A. G. SULLIVAN, Chairman.  
O. C. MELSON.  
A. W. STRAUSS.  
W. H. BRUCE.  
R. C. DICKINSON.  
P. H. PHILLIPS.

#### REPORT OF THE COUNCIL

M. E. McCaskill, Chairman

The past year, in so far as the activities of the Council were concerned was very unhappy and disappointing.

The death of Dr. W. R. Bathurst, the secretary and editor of the Journal was a profound shock to all of us and it was with the realization of our great responsibility that we set about to select a successor to serve until this meeting. Fortunately, there was available Dr. W. R. Brooksher, in whom we have the utmost confidence, and it was our pleasure to select him.

The various Councilor District Medical Societies are thriving and it is believed they will continue to grow from year to year and function in a sphere that is beyond either the county or state society.

Since August of last year the Council has had its various regular, special and committee meetings, as well as by correspondence participated in a fight with the administrator of Federal relief for a fair fee schedule for the doctors who were called upon to render medical aid to those indigent persons who were being cared for by the government. The matter was considered of such great importance and the fee schedule which had been thrust upon us so unfair and unreasonable that a spirited effort was made to secure a revision. The organized medical group was not consulted and there was no agreement between the state administrator and the society as there should have been, had the law been carried out as it was written. We continued our efforts until at the meeting on March 21st last, we were advised by the state administrator that under the new relief set-up, to be in effect on April 1st, medical relief would be discontinued.

It is to be hoped that each and every member of this society and each component society, will not forget that the schedule was forced upon us by an unsympathetic state politician and never at any time did we agree to accept it, nor recommend to the members that it was fair; especially, since it cared for only a part of our charity load and that on a very inadequate basis. To work under the schedule a physician had to either render inferior service or pay for the privilege of having charity patients referred to him.

Let us accept this experience as a lesson never to be forgotten, that the so-called state medicine would be a mortal blow to the art of the practice of medicine as we now know it and of which we are so proud.

M. E. McCASKILL, Chairman.

#### HOSPITALS

W. F. Smith, Chairman

To the Members of the House of Delegates:

Hospital standardization has had for its fundamental idea throughout its sixteen years of existence improvement in the care of the sick and injured and has resulted in a direct benefit to all classes.

The improvement in hospital equipment and service, the raising of the standard of the medical and surgical staff so that only full graduates of medicine, licensed and in good standing, competent in their respective branches and of good moral character be permitted to treat patients, has brought about far-reaching results.

In a properly organized and conducted hospital it is essential that there be a well-functioning staff, either closed or open, which will meet at regular intervals to review and analyze the work in the hospital. Complete histories must be prepared with a working and a final diagnosis, there should also be a clinical and X-ray laboratory provided, or at least be available. In 1918, only eighty-nine hospitals in the United States could meet the requirements, today 2,384 are meeting them, which shows a commendable progress. Twelve and nine-tenths per cent met the requirements in 1918, while today 67 per cent are approved. It is urged that the importance of regular staff conferences be not overlooked as these meetings will result in much good, not the least of which is the co-operation and good fellowship which always should, but many times does not, prevail.

The status of the case record has been much discussed. It is generally accepted that the patient has the right to the use of his record and that no person has the right to access except by his specific orders. The consent of the attending physician should be secured when possible. In any review or analysis of cases the identity of the patient should not be revealed, and the hospital should not exhibit the record without a subpoena from a court.

The laity has for some time realized that obstetrical service should be had in a well-equipped hospital. In the most of our hospitals the physical equipment for the care of maternity cases is adequate, this equipment providing for the segregation of obstetrical from other patients and nurses who care exclusively for these patients are provided. There should be a new-born nursery with isolation provided when required. This should also be true of the delivery room, which should never be in any way associated with the general operating room. Records should be accurately kept, especially of the new-born. Maternity mortality has not decreased in the United States during the last thirty years and the greater part of this maternal mortality is preventable. This is our excuse to stress the great necessity for those in charge of our hospitals to make and enforce the strictest of regulations for their obstetrical practice. A hospital should, and can be the safest place for the expectant mother.

We feel that much is yet to be accomplished in the field of cancer control. How this can be brought about is a question we are not prepared to answer. It is suggested, however, that the doctors who are interested in this work might devise some plan whereby the supply of radium could be pooled and made available when massive exposure is indicated. We find that many of our hospitals have been earnestly striving and succeeding in improving their facilities and conditions.

According to the Hospital Standardization Report of the American College of Surgeons for 1933, we find the following concerning Arkansas Hospitals.

Total Number of Hospitals Approved.....	20
Fully Approved .....	17
Provisionally Approved .....	3
Percentage of Hospitals Fully and Provisionally Approved .....	57.1%

As to bed capacities the following is shown:

	Fully Approved.	Provisionally Approved.	Not Approved
25 to 49 beds.....	1	0	10
50 to 99 beds.....	5	3	4
100 and over beds .....	11	0	1

The 1934 survey is under way but is not as yet complete. Thirty-five hospitals are under survey but it is not known how many additional hospitals have been put on the list. It is known, however, that one hospital, a Little Rock institution, is still off the approved list after having been on for several years.

Your committee feels that progress is being made in the equipment and operation of our hospitals.

W. F. SMITH, Chairman.  
M. J. KILBURY.  
W. G. HODGES.  
R. L. SMITH.

#### FRATERNAL DELEGATE

To the Members of the House of Delegates:

Through the kindness of President L. J. Kosminsky I was honored by being designated the fraternal delegate from the Arkansas Medical Society to the Texas Medical Society which met at Fort Worth in May 1933.

From the time I presented my credentials to Dr. Holman Taylor, the genial secretary of the Texas Medical Society, to the time I boarded the train for Little Rock I was the recipient of courteous and spontaneous hospitality.

I attended the meeting of the House of Delegates and extended the fraternal greetings of our society. An expression of reciprocal good will was quickly forthcoming.

I was particularly impressed with the manner in which their meeting was conducted. The program of the proceedings and the report of the chairman of each committee was printed in a neat volume. These reports were at times quite voluminous and the compilation must have been

rather expensive. The treasurer's report, however, showed a cash balance of over \$90,000.

Our president, Dr. Kosminsky, was also present and, upon invitation, made a fine talk.

I had the pleasure of attending the meeting of the Texas Railway Surgeons, an adjunct of the Texas Medical Society. Many subjects of interest were discussed. The formation of a similar adjunct to the Arkansas Medical Society is urged for your consideration.

The last event of the day was a barbecue dinner at the beautiful country estate of a hospitable Texan whose vocation is the production of oil, his avocation being the practice of medicine in Fort Worth.

W. F. SMITH.

#### REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS

The State Medical Board of the Arkansas Medical Society has held four meetings since last April. There was only one new member appointed during the past year, L. T. Evans, Batesville, succeeding Sam J. Allbright, Searcy, whose term expired. A special meeting was called on June 19, 1933, for the purpose of re-organizing, and the following officers were elected: W. W. York, president; Ashdown; W. T. Lowe, vice-president, Pine Bluff, and A. S. Buchanan, secretary-treasurer, Prescott. Wm. A. Snodgrass, Little Rock, W. T. Lowe, and the secretary were named the committee on schools and reciprocity.

The following list contains the entire membership of the Board at the present time and information regarding each member's term, date of appointment and date of expiration of his present term:

NAME	Term.	App'd.	Exp.
W. W. York, President,			
Ashdown .....	Second	1931	1935
W. T. Lowe, Vice-President,			
Pine Bluff .....	Second	1933	1937
A. S. Buchanan, Secretary-Treasurer, Prescott .....	Second	1933	1937
Wm. A. Snodgrass, Little Rock .....	First	1931	1935
W. H. Mock, Prairie Grove .....	Second	1933	1937
W. W. Verser, Harrisburg .....	Second	1931	1935
L. T. Evans, Batesville .....	First	1933	1937

There have been several difficult and unpleasant problems brought before us for disposal. In our official acts pertaining to these cases it has been our endeavor to administer the law with impartial fairness to all concerned, and yet we have tried to carry out what we believed to be the desires of this society as expressed in the statutes. We have also tried to maintain the present standard of medical education and licensure which is recognized by the American Medical Association.

Before an applicant is granted a license by reciprocity or before an applicant is permitted to appear before the Board of examination he must produce satisfactory credentials proving his character and qualifications. These credentials always receive our utmost scrutiny. In connection



with this statement I wish to take this opportunity of passing a bit of personal comment upon the work of the Basic Science Board. It is my own personal opinion that the enactment of the Basic Science Law in this state has been a great asset and a safeguard for the medical profession and the people of Arkansas. Through the provisions of this act it is almost impossible for a candidate to secure license for any purpose other than that of engaging in a worthy and legitimate practice.

Two licentiates were cited for trial before the Board because they had been convicted of a crime involving moral turpitude and their licenses were revoked. Because of one of these revocations the Board is now involved in litigation. However, as it now stands, the license is revoked. After a careful investigation, one license which had formerly been revoked was restored.

There were forty-four candidates who appeared before the Board for license by examination. Forty-three of these successfully passed the examination and were issued certificates. Forty-one were graduates of the University of Arkansas School of Medicine, one was a graduate of Woman's Medical College of Pennsylvania, one was a graduate of the University of Tennessee Medical School and one was a graduate of University of Vienna, Austria, Faculty of Medicine.

Fifteen applicants were issued license by reciprocity as follows:

California (1), Iowa (1), Kansas (2), Louisiana (1), Missouri (2), Mississippi (1), Oklahoma (1) and Tennessee (6).

Seventeen licentiates were endorsed to other states for license by reciprocity as follows:

California (1), Iowa (1), Kentucky (1), Michigan (2), Mississippi (1), Missouri (1), New Mexico (3), Oklahoma (2), Texas (4) and West Virginia (1).

Twenty applicants appeared before the Board and successfully passed the examination given on the primary subjects.

In conclusion I wish to express to this society our sincere appreciation of the honor it has bestowed upon us and for the privilege we have had during the past to serve the profession and the people of this state. Our tasks at times are hard and we have received practically no financial remuneration. However, I believe I express the sentiment of each and every member of the Board when I state that we really receive a great enjoyment which we consider our reward for doing our bit in serving as members of the State Medical Board.

A. S. BUCHANAN, Secretary.

REPORT OF DELEGATES TO THE A. M. A.

Dr. D. A. Rhinehart: Dr. Bathurst and I were delegated from the Arkansas Medical Society to the meeting of the American Medical Association, held in Milwaukee last June. Dr. Bathurst wrote the report of this meeting and it was published in the July number of the Arkansas Medi-

cal Journal. It has been customary in times past for this report to be accepted and adopted without further comment. I move the adoption of this report as published in the Journal.

The report was adopted.

REPORT OF THE TREASURER

Balance reported at 1933 session.....	\$ 3,152.81
Receipts—1933-1934:	
Secretary's account .....	\$5,215.53
Journal account .....	3,527.22
Student Loan Fund Principal .....	120.00
Student Loan Fund Interest.....	13.65
Total Receipts .....	\$ 8,676.40
10% dividend closed bank.....	718.85
Total funds available during year.....	12,548.06
Disbursements—	
Vouchers 422 to 506 inclusive.....	7,187.96
Cash on hand April 14, 1934.....	5,360.10

R. J. CALCOTE, M.D.

REPORT OF THE SECRETARY

Balance on hand Sept. 16, 1933 .....	\$ 1,459.38
Receipts—Membership dues .....	2,946.00
Advertising .....	2,200.12
Student Loan Fund .....	113.65
Refund on secretary's bond.....	4.33
Dividend Co-operative Medical	
Advertising Bureau .....	93.45
10% dividend closed bank.....	362.22
Total to be accounted for .....	7,179.15
Disbursements—Paid Treasurer.....	4,864.81
Balance on hand March 31, 1934 .....	2,314.34

The society has on deposit in the Gorgas Fund \$103.86, and in addition restricted deposits of \$121.51, \$203.07, and \$129.09.

Membership for the year 1933 was 886; to date the membership is 901. During the year the 5th and 6th Councilor districts have organized active societies, giving a 100 per cent organization of Councilor districts.

W. R. BROOKSHER.

REPORT OF AUDITING COMMITTEE

We, the undersigned committee of the Council, have inspected the books of the Secretary and Treasurer, which were audited September 16th, 1933, and find them correct and in excellent condition.

In checking the accounts, we find that certain professional men are in arrears for several years in payment for cards in the Journal, and we suggest that this body authorize the secretary to use drastic measures, if necessary, to collect this indebtedness. Signed,

A. C. KOLB,  
L. L. PURIFOY,  
S. J. WOLFERMANN,  
Chairman.

## ARRANGEMENTS

Geo. F. Jackson, Chairman

Dr. Jackson: Mr. President, and delegates of the Arkansas Medical Society: First, I want to bring you greetings from the Pulaski Medical Society and to say we certainly want you to enjoy yourselves while in the City of Roses. We have tried to make all the necessary arrangements for your entertainment and for your wives' entertainment. The Auxiliary has put on a special entertainment for the ladies, so it will give you boys plenty of time to attend to refreshments, shows, and the things you like, and leave the ladies with the Auxiliary. The convention chairmanship is a big job, but it isn't near as big a job as the committee's job. The Pulaski County Medical Society Committee on Entertainment, Dr. Brooksher and Dr. Calcote, has done wonderful work. We have been working on this convention since last October, and we think the 59th annual convention is going to be the biggest you have ever attended. The commercial exhibit is the largest we have ever had in the society, having sixteen booths in all. All the guest speakers have been arranged for and I think they will be taken care of by the Entertainment Committee.

I want to call particular attention to the Fishbein lecture at the Senior High School auditorium tonight. The subject is "Fads and Quackery in Medicine." You all know that Dr. Fishbein is one of the American Medical Association's best orators, and we certainly want you to take the ladies and be on hand. There will be cars to transport you from the hotel to the high school auditorium. The governor is also to speak on this program. So I would like to see all of the representatives of the society at that meeting. We expect a crowd of something like 2,000 people.

The publicity of this convention has been handled by Dr. Jerome Levy and Dr. D. A. Rhinehart of Little Rock. About six or seven thousand letters have been sent out of the different offices. Four thousand have been sent out by my office on this convention. Several notices were printed in the newspapers.

There is to be a golf tournament for those of you who want to play golf at the country club.

Tomorrow night at 6:30 in this room there will be a banquet. The committee is composed of one man, Dr. M. J. Kilbury, and he is some man when it comes to putting on a banquet. He will have a floor show that will be worth while. The President's reception and ball follows that in this same room. We want to see you all present.

For your information, the refreshment room is Room 212. We want you to forget all your troubles and have a good time. We don't want you to have anything else but a good time and, if there is anything you want, anything we can do for you, just let us know.

The President: These reports will be referred to the Reference Committee and brought back to the House of Delegates for their action.

The selection of the Nominating Committee being in order, the following were chosen:

First Councilor District—F. H. Jones, Piggott.

Second Councilor District—L. T. Evans, Batesville.

Third Councilor District—O. L. Williamson, Marianna.

Fourth Councilor District—J. M. Lemons, Pine Bluff.

Fifth Councilor District—L. L. Purifoy, El Dorado.

Sixth Councilor District—T. F. Kittrell, Texarkana.

Seventh Councilor District—G. B. Fletcher, Hot Springs.

Eighth Councilor District—Fay H. Jones, Little Rock.

Ninth Councilor District—J. G. Gladden, Western Grove.

Tenth Councilor District—H. Moulton, Fort Smith.

The President: That completes the reports of all the committees. I want to introduce to the House of Delegates the past-presidents, and will ask them to come forward at this time. Drs. Lemons, Barlow, Moulton and Rhinehart were introduced. This shows that these gentlemen who have been so honored by the Society have not forgotten their duty, love and affection for the Arkansas Medical Society. I thank them for being present.

A telegram was read from Dr. E. F. Ellis, of Fayetteville. By motion, the Society wired regrets to Dr. Ellis.

On motion the House of Delegates adjourned.

## HOUSE OF DELEGATES

Wednesday, April 18, 1934.

The House of Delegates was called to order by the President, Dr. Kosminsky, at 1:30 p. m., there being present 63 members, either regular delegates or alternates, or members duly seated as such by the House.

The Nominating Committee reported:

For President-Elect: H. T. Smith, McGehee; M. E. McCaskill, Little Rock; Earle H. Hunt, Clarks-ville.

For 1st Vice-President: A. M. Elton, Newport.

For 2d Vice-President: S. C. Fulmer, Little Rock.

For 3d Vice-President: F. D. Smith, Blythe-ville.

For Secretary: W. R. Brooksher, Fort Smith.

For Treasurer: R. J. Calcote, Little Rock.

## COUNCILORS

Second District: Sam J. Allbright, Searcy.



Fourth District: C. W. Dixon, Gould.

Sixth District: Don Smith, Hope.

Eighth District: S. B. Hinkle, Little Rock.

Tenth District: S. J. Wolfermann, Fort Smith.

Delegate to the A. M. A., two years: L. J. Kosminsky, Texarkana.

Delegate to the A. M. A., one year: W. R. Brooksher, Fort Smith.

By motion, the report was adopted.

H. King Wade, of Hot Springs, J. G. Gladden, of Western Grove, and R. L. Smith, of Russellville, were appointed as tellers, and the House of Delegates proceeded to ballot upon the three names selected by the Nominating Committee, H. T. Smith, M. E. McCaskill and Earle H. Hunt, for the office of President-Elect. Upon the third ballot, H. T. Smith retiring after the second ballot, M. E. McCaskill received a majority of all the votes cast and was declared elected. By motion of Earle H. Hunt, seconded by H. T. Smith, the election was made unanimous.

The President: You have elected Dr. McCaskill as your President-Elect for the ensuing year. (Applause.)

By motion the secretary was instructed to cast the ballot for the rest of the officers.

The Secretary: It gives me great pleasure to cast the unanimous ballot of this House for all the other officers nominated except that of Secretary.

The President: I will cast that ballot. The only outstanding committee is the Reference Committee, whose report we will hear by Dr. Jones.

#### REPORT OF THE REFERENCE COMMITTEE

Mr. President and members of the Arkansas Medical Society:

We, the Reference Committee, have carefully considered all written reports submitted to us. We heartily commend the committees for their work.

The President's address was a most splendid and inspiring one, and we heartily recommend it to the Society for deep thought and study.

We wish to especially commend R. B. Robins, chairman of the Scientific Program, for a most excellent and interesting program.

H. Fay H. Jones, chairman of the Committee on Scientific Exhibits. The report of this committee is exceedingly satisfactory and we think the co-operation of the exhibitors has been excellent and that endeavors in the future should be made to increase the interest of the society

in the Scientific Exhibit. We commend the committee for its untiring work in securing the exhibits for the present year.

L. V. Parmley, chairman of the Medical Legislation, gave us his usual concise report. This report recommends legislation limiting anesthesia to graduates of medicine. We would suggest that now is an inopportune time to ask for such legislation.

W. B. Grayson, chairman of the Health and Public Instruction Committee, gave us an excellent report and we commend the course the committee is pursuing.

W. Decker Smith, chairman of the Committee on Cancer Control. We commend the report of this committee and its very excellent scientific exhibits.

W. F. Smith, chairman of the Committee on Hospitals. We endorse the report of the committee and thank Dr. Smith for his interesting report as Fraternal Delegate to the Texas State Medical Society.

Jerome S. Levy, chairman of the Publicity Committee.

S. A. Drennen, chairman of the Child Welfare Committee.

A. G. Sullivan, chairman of the Committee on Diseases of the Heart. The reports of these committees are endorsed by the committee.

Geo. F. Jackson, chairman of the Committee on Arrangement. This committee is to be thanked for its excellent provisions for the entertainment of the society this year.

M. E. McCaskill, chairman of the Council. The report of the Council should be accepted and the Council thanked for its excellent work during the year.

A. S. Buchanan, chairman of the State Board of Medical Examiners. This report should be endorsed and the committee commended for its efforts to eliminate from the state incompetent and irregular practitioners.

H. FAY H. JONES.  
H. MOULTON.  
EARLE H. HUNT.

By motion the report was accepted and the committee discharged.

The President: Under the head of new business, I had the opportunity of thanking the Council for their hearty co-operation in the past year. Every member was present at every meeting that was called. I want to thank the committee in Little Rock for the wonderful convention they have given us, and I want to thank the membership of the Arkansas Medical Society for the wonderful co-operation they have given me. It will be a memory to be cherished until the last call, and I only bespeak for my successor the same wonderful co-

operation that you have given me. I want you to know that I am with organized medicine and the Arkansas Medical Society until the Last Roll Call. Gentlemen, I want to entertain a motion by some one to thank the Pulaski County Medical Society, the hotels and the various people that helped to make this such a wonderful meeting.

Dr. King Wade: I make that motion.  
Carried.

The President: We will now have the final report of the Council by Dr. McCaskill, your President-Elect.

#### REPORT OF MEETINGS OF THE COUNCIL APRIL 16, 17, 18, 1934

April 16th, 1934:

Auditing committee appointed. Resolution urging members to patronize Journal advertisers adopted. Ordered new constitution printed.

April 17th, 1934:

Recommended that three dollars be accepted as dues for 1935. Declined to seat delegate from Phillips County because of failure of society to submit report and dues. Authorized appointment of publication committee. Authorized payment of expenses of annual session and a contribution of one hundred dollars to Pulaski County Medical Society toward expense of annual session. Heard A. S. Buchanan, secretary, State Board of Medical Examiners, and appointed committee to confer with and assist this board financially if necessary in certain court proceedings relative to revocations of licensure. Allowed usual honorariums to Secretary-Editor and Attorney. Adopted report of auditing committee (page 17).

April 18th, 1934:

Sent message of sympathy to Morgan Smith, absent because of illness. Allowed delegates to American Medical Association fifty dollars on expenses. Authorized chairman to appoint a member representing the state society on commercial exhibits committee of host society, revenue derived therefrom to be allowed the host society on expenses, any excess to revert to the state society. Ordered the secretary to make such adjustments on arrears for professional advertising as is deemed proper. Authorized secretary to make such disbursements on account of the legislative committee as are necessary, such to be decided by conferences between the committee, the attorney and the secretary. Madison County Medical Society was continued in active membership.

M. E. McCASKILL, Chairman.

S. J. WOLFERMANN, Secretary.

On motion, the report was adopted.

The House of Delegates then adjourned.

#### GENERAL SESSION

The General Session was called to order at 1:30 o'clock, P. M., April 16, 1934, by Dr. Kosminsky, President.

Invocation by Rev. L. A. Taylor.

#### ADDRESS OF WELCOME

On Behalf of Pulaski County Medical Society, A. C. Shipp, Little Rock.

Mr. President, Members of the Arkansas Medical Society and Auxiliary: I have been given the key to the city of Little Rock to deliver to you. I assure you in behalf of the citizens of Little Rock, of which I am one, that you are welcome. Certainly a welcome from the city of Little Rock is an unselfish one. But as the representative of the Pulaski County Medical Society I want to assure you of a heartfelt welcome. I want to tell you that we have had a little feeling this year, in the face of social service and alphabetical dictations, that we were rather a very unimportant group of fellows and that we were rapidly developing an inferiority complex. There was a time when we felt that to be a physician was to be an outstanding servant of the public, to be recognized as such, but we began to doubt that and we felt like the boy about 12 or 14 years old that went over on the other side of town and the other gang got hold of him. He felt very insignificant. But today we feel like our gang is here and we are feeling better. We are feeling very much encouraged at the support of this group. So, I say you are thrice welcome in the encouragement and support that we get by being together. You are welcome because we know that you come here to Little Rock with a solution of our problems in your hands, and you are going to hand them out, and they are all going to be settled while you are here. We know this because of your fitness to solve these problems and our fitness to solve them. We will admit it whether anybody else does or not. We admit that we have, by training, by experience, by magnanimity of spirit and social outlook, all that qualifies a group of individuals to deal with these complex social problems that are coming on in this day of a New Deal. So, I say that our welcome to you, since you are going to bring an answer to these things, is one of triple welcome, and we will be glad to join with you in discussing the many things that we must deal with now in this day of new deals. These new deals and new problems will demand new measures and new means; but with your preparation and



your experience in dealing with these, with the fairness that is inherent in your every training and in the very things that make you want to become a physician, we feel sure that, if the profession, but above the profession and beyond all else the personal unselfishness of society at large, will help this group that is coming to Little Rock to join hands with those of other states over this great nation of ours and through our great national association offer a contribution to society, our successors in the American Medical Association and the Arkansas Medical Society will be proud to recognize as a contribution of unselfish men and women to society's problems. Again, I bid you, in the name of the Pulaski County Medical Society, a welcome. (Applause.)

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#### ADDRESS OF WELCOME

Mayor Horace A. Knowlton, Little Rock

I regret that I was unavoidably detained at the high school on another engagement which prevented my arriving at this session in time to hear the very eloquent response that was made to the address of welcome that had already been given. You know it is a pleasure to me, as mayor of the city, to welcome a group like this. You know usually somebody else pays for the doctor's visit. This time the doctors are visiting, and they are doing the paying, too. When I come before a group of doctors, I come with a feeling of the very greatest respect. I have the very highest regard and esteem for your profession. I think I evidence that in the fact that I have just one son and early in his youth I began talking to him about the profession that I wanted him to follow. I believe that every boy should follow those things that he has a natural bent for. I was anxious for him to do the things that I thought would bring the greatest good to humanity, and I talked to him of the very great profession of medicine. Later on when he entered college it was with the intention of later entering a medical school, and he is now serving his second year internship in the Barnes hospital in St. Louis, in which I take great pride. If the average layman knew as much about the expense

that attaches to the making of a physician as I do, he wouldn't grumble at the fees that he has to pay. (Applause.)

But I do take great pleasure in welcoming to this city a group which has taken for its creed Humanity.

It is a distinct pleasure to me to bid you welcome. If while you are here we can serve you, it is going to be a pleasure to us. All you have to do is to just let us know what you want and we will try to meet your wishes. It is very gratifying to me to state to you that our medical school in this city is expecting this next year to have a \$500,000 building erected out here just south of the city hospital. The city hospital is taking care of our poor patients; they have done a most noble work among the poor people of this city. Just now, it is our misfortune that with our decreasing revenues we have an increasing number of patients at the city hospital but at the same time those patients are being taken care of, and there has been no let up in the services rendered.

I want to again repeat to you that it is a distinct privilege and a distinct honor in being able to bid you welcome to our city and we hope that your impressions will only be such as to cause you to want to visit us often. I thank you. (Applause.)

The President: Mr. Mayor, on behalf of the Arkansas Medical Society, I want to thank you for your address of welcome, and I know that the medical men of Arkansas as well are always glad to hear of some official who has let some one of his family enter medicine.

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#### RESPONSE

On Behalf of the Arkansas Medical Society, Will H. Mock, Prairie Grove.

Mr. President, Members of the Arkansas Medical Society, the Pulaski County Medical Society and the city of Little Rock: If I possessed the talents of the orator's art with a knowledge of word painting with its tints, shades and colors, I would really be unable to express our appreciation for the hospitality and all the courtesies that have been extended us. In fact, we have been offered everything from the Capitol to police headquarters. We

feel just as welcome as the roses in June, as welcome as the dew-drop is to the petals of the infant plant, just as welcome as is the sea captain's return to his family fire-side when for days and weeks he has been piloting his great ship across the briny deep, out where the billows roll high. He has faced the fury of the storm, the lightning's vivid flash and the thunder's sullen roar, but through it all his great ship struggled like a thing of life and the timbers groaned in the awful strife as it plowed its way through the dashing foam into the harbor of home.

We have brought to the City of Roses a group of men who represent the highest type of citizenship. Its requisites are an open mind, a generous heart, a willingness to see the good in others, and a reluctance to criticise or doubt their motives, a good neighbor, one who seeks to add something to the happiness, physical, moral and social welfare of his city and country; always displaying a spirit of tolerance and generosity, a disposition to recognize true worth and merit in others, always applying the principles of equality and justice in all their business and social relationships, and whose influence will be reflected and will carry on down through the corridors of Time. This society is composed of a group of men whose interest in and love for humanity is the greatest, whose mission in life is the alleviation of pain and human suffering. The Arkansas Medical Society holds at the command of our citizenship an ever faithful, watchful and willing service, which will continue to improve and will grow and spread and extend, like a golden mantle of truth, benevolence and love until life and its lights have passed.

Dr. Gann: We will now hear the President's address.

(The President's address is printed on page 1.)

On motion, following the scientific program, the General Session adjourned.

#### GENERAL SESSION

Wednesday, April 18, 1934.

The General Session was called to order by the President immediately after the adjournment of the House of Delegates.

The President: Is there any unfinished business? I would like to ask Dr. Moulton and Dr. Lemons to escort the new president, Dr. Mahony, to the rostrum. (Dr. Mahony was escorted to the rostrum amid applause.) Gentlemen, I want to present to you your president for the year 1934-35, Dr. F. O. Mahony of El Dorado. (Applause.) Dr. Mahony, I want to present to you the gavel, the emblem of authority, and may your administration be crowned with the same hearty co-operation as mine, and when you have completed your year of service may the Arkansas Medical Society and its members be as dear and as near to you as they have been to the retiring president. (Applause.)

Dr. Mahony: Dr. Kosminsky, Fellow Members of the Arkansas Medical Society, and Visitors: I recognize fully and deeply appreciate the great honor that has been bestowed upon me. It is accepted by me and duly recognized as the highest tribute available to a physician in this state. I accept the honor and pledge in return my very best efforts. I am constantly reminded of the many outstanding and conspicuous contributions made by my several predecessors, particularly that charming and distinguished gentleman and physician, Dr. Kosminsky. It will be difficult for me to proceed where this gentleman has left off and, though I accept the challenge with no little trepidation, I possess an honest determination to do my best, having as I do the sympathetic support of all members of organized medicine in this great commonwealth.

Gentlemen, the days before us are difficult. We, as a people, are facing an era filled with serious economic and social problems. As a profession, if we are to safeguard the very high principles for which we stand, we must enter seriously and intelligently into this period of readjustment. As a nation, our entire economic structure is undergoing gradual though permanent readjustment. Now is an occasion for intelligent, broad-minded leadership. We can ill afford to evade the issue. In the year ahead of me, gentlemen, I respectfully solicit your considerate support and active co-operation. (Applause.)

I am going to ask Dr. Smith and Dr. Hunt to escort Dr. McCaskill to the station. (Dr. McCaskill was escorted to the rostrum amid applause.) Gentlemen, President-Elect McCaskill, of Little Rock. (Applause.)

Dr. McCaskill: Gentlemen, I thank you. I hope to administer this office next year by giving you the best that I have. I am not going to attempt to make a speech because there are better speech makers. I can't make you a good president if it re-



quires very much speech making, but I promise you that I will give you the best that I have. (Applause.)

Dr. F. D. Smith, of Blytheville, the First Vice-President, was introduced amidst applause.

President Mahony: Gentlemen, the office of President is quite an honor but it also requires a lot of time. This year I am going to ask our vice-presidents and our various committee chairmen to divide with me some of the labors to help in carrying on the meetings and the business of the Arkansas Medical Society to the end that we may gain more membership, more harmony and a better grade of physicians. When it is impossible or inconvenient for me to visit some places in the state, I am going to feel at liberty to call upon these gentlemen to help me. It will give them more acquaintance, and it is my idea that the more work a fellow has to do in anything the better he likes it and the more interest he will take, and, interest is what we will need. Is there any new business to come before this meeting? If not, then the next order of business will be the selection of your meeting place for next year.

Dr. Purifoy: Members of the Arkansas Medical Society, it affords me a great deal of pleasure to invite you to meet at El Dorado next year, the best town in Arkansas. You are welcome and we will be glad to have you meet there. (Applause.)

Dr. Jones: As president of the Sebastian County Medical Society I wish to invite you to Fort Smith next year. I have in my hand a number of telegrams inviting you, from the Mayor of the city, the Chamber of Commerce, the Lions Club, the Kiwanis Club, the Exchange Club, the Rotary Club and the Noon Civic Club. I will not burden you by reading all these invitations. We want you. We will try to put on a good program for you and entertain you as well as we can. I hope that you will consider our invitation with Dr. Purifoy's. I thank you. (Applause.)

Dr. Buchanan: I wouldn't have extended this invitation to you to come to Prescott next year if it hadn't been that Dr. Purifoy said that El Dorado was the best town in Arkansas. He is absolutely wrong. Prescott is a town of about 3,000 people.

We have four hotels and the smallest hotel there can take care of the Arkansas Medical Society. We have there the most wonderful fishing lake in the United States, only six miles from town. And we most cordially and respectfully invite you to Prescott for your next meeting. (Applause.)

Dr. Parker: There is a little town in the northwestern section of the state that wants you to have your meeting there, Eureka Springs. The things said about Prescott are true of Eureka Springs. We have hotels that we can put two of theirs in one of ours. We want you to consider Eureka Springs with the rest of them. Dr. Brooksher has a bunch of telegrams.

Secretary Brooksher: I have telegrams from the president of the Rotary Club, the Men's Club, the Basin Park Hotel and the Chamber of Commerce, the local American Legion and the Mayor, in which they reinforce what Dr. Parker has said. I also have a telegram from the Chamber of Commerce at Hot Springs.

Dr. Buchanan: I object to all these telegrams. I could have gotten a telegram from every man in Prescott. (Laughter.)

Dr. Fletcher: Hot Springs is quite willing to withdraw and not offer an invitation for the meeting.

Dr. Purifoy: Let's hear from Dr. Smith from Smackover.

Dr. Smith: I am from Union County. Several of our leading members are more than glad to invite you and give you a hearty welcome to El Dorado next year.

Fort Smith was duly selected as the meeting place for 1935, the final voting being conducted between El Dorado and Fort Smith.

There being no further business, the General Session adjourned sine die.

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## MEMORIAL SESSION

Marion Hotel

Tuesday, April 17, 1934. 8:30 o'clock A. M.

The Memorial Session was called to order by the President.

The invocation was given by Rev. C. M. Reves, pastor of the First Methodist Church.

Song: "When They Ring the Golden Bells for You and Me."—Mrs. I. J. Steed, Soprano; Mrs. W. R. Richardson, Contralto; Max Brown, Tenor; Byron Bennett, Bass. Mrs. S. R. Crawford, Accompanist.

The President: Ladies and Gentlemen: This is the hour set aside each year in memory of those who have taken that long journey from whence no traveler returns. We believe in that motto, "The faults of our brothers we write upon the sands, their virtues upon the tablets of love and memory." Our memorial address will be delivered by the dean of the medical department of the University of Arkansas, Dr. Frank Vinsonhaler.

Dr. Vinsonhaler: Mr. President, Ladies and Gentlemen: For some years it has devolved upon me, as chairman of the Committee on Necrology, to deliver at this time a memorial address in memory of those who have passed away. Last year at Hot Springs I had this duty to perform. Some of those who were present on that occasion are no longer here. Voices that spoke to me in commendation of what I had said upon that occasion are now silent forever.

We are reminded at a time like this of the spirit of change. This spirit of change is evident everywhere. Now, at spring-time, with all the promise of a glorious new year. We passed through the autumn of old age, through the winter of Death, and now Nature smiles upon us again and welcomes us to a year of new achievements.

Forty-one years ago I attended the first meeting of the Arkansas Medical Society at Batesville. In the audience here before me today I see not one face that I saw upon that occasion. All have passed away.

Since that time the Ladies Auxiliary has been born. From the midst of these women, who have contributed so much to the interest of this society, death takes its toll this year as it has in the past. These names have been handed to me by the president of the Ladies Auxiliary:

Mrs. F. C. Robinson, Little Rock.

Mrs. Roberta Smith, Fort Smith.  
Mrs. D. B. Stough, Hot Springs.

Each succeeding year has made evident to us their interest and affection in and for this society. We pay to them the tribute of respect and affection.

I will read to you the names of those of our members who have passed away during the past year.

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Percy Alexander Riddler, Fort Smith, April 30, 1933.

William Brand, Springdale, May 15, 1933.

Luther Edgar Moore, Searcy, June 4, 1933.

Lem H. Lipsey, Wynne, July 12, 1933.

Thomas N. Rodman, Batesville, July 20, 1933.

Eugene H. Winkler, DeWitt, August 19, 1933.

William Ray Bathurst, Little Rock, August 31, 1933.

Harry Norwood Street, Lonoke, October 3, 1933.

Samuel Robert Herring, Warren, October 28, 1933.

Harry Wynne Browning, Little Rock, November 3, 1933.

J. M. McLendon, Gould, November 20, 1933.

Grover Cleveland Webb, Russellville, November 27, 1933.

Walter Oling Parrish, Rector, December 29, 1933.

Franklin Beverly Kirby, Harrison, January 20, 1934.

Albert Henry Gilbrech, Clarendon, February 27, 1934.

William S. Norman, Hamburg, March 13, 1934.

William Edward Hughes, Pocahontas, March 27, 1934.

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No doubt there are present those in this audience to whom the memory of these men speaks with peculiar force and affection. It is impossible, of course, to speak of them all. I remember Browning when he was a medical student in the school of which I was a teacher. He was a young man of unusual promise, and was taken early in life. There was so much before him; so much to accomplish. Some one



said that perhaps that is the best time to go, with every sail set, with the music of the breeze in the rigging, not a cloud in the sky, "to strike the unseen rock, and hear the breakers roar above a sunken ship."

Franklin Beverly Kirby, of Harrison, the distinguished son of a distinguished father, known to most of us, known to nearly all of us in his professional capacity and as a member of this society, a man dear to all of us for his sterling and manly qualities. We bid him good-bye.

Now I come to the one that we miss most of all, William Ray Bathurst. Last year after the Hot Springs meeting, when the exercises were concluded, he came to me and shook my hand and said how glad he was to hear what I had to say about those we loved and those whom we had been associated with for so many years. He was the picture of health. No one could have predicted that the finger of Death would be upon him and that we would be confronted at this moment with his absence. We are confronted only with his memory. He went, as we would all like to go, out upon the tideless sea without the pain and anguish of death.

I wrote to three men whom I believed to be his dearest friends, Norwood, Rhinehart and Deisch. They answered and their answers were published in the Memorial Journal of October last, dedicated to the memory of the man who had done so much for the Journal and for the profession of the state.

Now a few words for her who shared his life, whose presence among us was so conspicuous at each meeting, one who stood before the altar and solemnly promised, forsaking all others, to cleave unto him until "death us do part." Shall I say for her these closing words:

Upon a tomb in a faraway isle of the sea  
Soft Southern breeze blow gently here  
Warm sun above, shine bright—  
Green sod above, lie light;  
Good night, dear heart, good night, good night.

The President: The ladies of the Auxiliary present this beautiful wreath in solemn memory of those who have passed on.

Song: "Crossing the Bar."—Quartet.

The President: In behalf of the Arkansas Medical Society, I wish to extend a vote of thanks to those who have assisted in this sad but sacred service. Now I will ask Dr. Reeves to give the benediction.

Benediction.

## Commercial Announcements

### BORDEN'S EVAPORATED MILK

"Extensive work done on the food value and digestibility of milk has shown that pasteurized milk, unsweetened evaporated milk, and dried whole milk may be used one for the other."

This interesting and significant quotation is taken from an article entitled "The Doctor and the Family Budget" by Anderson and Gillett in the Medical and Professional Woman's Journal for March, 1934. The authors point out that standard evaporated milk can be obtained at low cost, the savings on this high quality product often being the means of supplying the family with other necessary protective foods.

Physicians know that the advantages of evaporated milk have been amply demonstrated by clinical research and experience. In recommending an evaporated milk, however, it is desirable to specify an outstanding brand, such as Borden's, in order that patients will be assured of the product that will give the utmost satisfaction to them as well as to the physician.

### SUMMER DIARRHEA IN BABIES

Casec (calcium caseinate), which is almost wholly a combination of protein and calcium, offers a quickly effective method of treating all types of diarrhea, both in bottle-fed and breast-fed infants. For the former, the carbohydrate is temporarily omitted from the 24-hour formula and replaced with 8 level tablespoonfuls of Casec. Within a day or two the diarrhea will usually be arrested, and carbohydrate in the form of Dextri-Maltose may safely be added to the formula and the Casec gradually eliminated. Three to six tablespoonfuls of a thin paste of Casec and water, given before each nursing, is well indicated for loose stools in breast-fed babies. Please send for samples to Mead Johnson & Company, Evansville, Indiana.

Tablets Calcium Phosphate Compound with Vitamin D—10 D Squibb is a new professional specialty that is now being marketed by E. R. Squibb & Sons. Each tablet contains 9 grains Dicalcium Phosphate, 6 grain Calcium Gluconate and 245 Steenbock units of Vitamin D. These tablets supply calcium and phosphorus in approximately optimum ration (i. e., 1 to 1.625) and ample Vitamin D to facilitate their absorption and utilization.

Tablets Calcium Phosphate Compound with Vitamin D—10 D Squibb are indicated for the wide variety of conditions which may be benefited by calcium administration. The tablets are flavored with wintergreen and when chewed have a very pleasant taste. They are marketed in bottles of 50 tablets.

## Book Reviews

**Treatment in General Practice.** By Harry Beckman, M. D., Professor of Pharmacology at Marquette University, School of Medicine, Milwaukee, Wisconsin. Second edition, revised and entirely reset. 889 pages. Philadelphia and London: W. B. Saunders Company, 1934. Cloth \$10.00 net.

This book was first published in 1930 and its popularity was such that it was reprinted five times and in 1934 it was decided to completely rewrite the book. Beckman's book is unique in that Beckman has the happy and rare faculty of entertaining you while he instructs you. His book not only tells you all that is necessary to know about the treatment of the various diseases encountered in general practice but he tells it to you in such an entertaining manner and his literary style is so pleasing that one reads on and on from the sheer pleasure of reading.

This new 1934 edition is most complete and comprehensive. In his own inimitable style Beckman gives you the accepted, up-to-the-minute methods of treatment and then he gives you his own ideas and his own experiences which not infrequently differ from opinions held by others, but he leaves you the right of choice. The sections on amebic dysentery, diabetes, and allergic conditions are especially complete, comprehensive, and charmingly written. I think I am safe in saying that there is no book in print today which combines more skillfully the best and latest ideas on the treatment of disease with a literary style that makes the absorption of these ideas easy and pleasant.

**Surgical Clinics of North America.** (Philadelphia number—Feb. 1934). Volume 14, Number 1. 226 pages with 62 illustrations. Per Clinic year, published bi-monthly, paper \$12.00, cloth \$16.00. Philadelphia, W. B. Saunders Co., 1934.

This, the Philadelphia number, contains many valuable and interesting observations in surgical conditions. Among the most interesting is the first in this issue by Eliason and McLaughlin on pulmonary complications following operations. They have noted that atelectasis is the second largest in their series of cases. They believe that the percentage is larger than is suspected in previous reports because it has not been looked for. Jackson reports several cases of laryngeal stenosis and ends with this admonition that simply "doing a laryngostomy" for stenosis is worse than useless. A very interesting symposium is presented by Shallow, Clerf and Manges on foreign bodies in the gastro-intestinal tract. Among other interesting observations were the relief of intestinal obstruction by hydraulic aspiration, rectal drainage of pelvis abscesses in the male and differential diagnosis of gall bladder diseases.

**The Sputum: Its Examination and Clinical Significance.** Randall Clifford, M. D., F. A. C. P., Associate in Medicine, Peter Bent Brigham Hospital, etc. 167 pages, 21 figures, 7 plates in colors. New York: The MacMillan Company, 1932. Price \$4.00.

This is a complete practical guide to the exam-

ination of the sputum, giving all technical methods and discussing the character and clinical significance of the sputum in some of the more common diseases of the lungs and bronchi.

**General Surgery.** The 1933 Yearbook, Practical Medicine Series. Edited by Evarts A. Graham, A. B., M. D., Professor of Surgery, Washington University School of Medicine, Saint Louis. The Year Book Publishers, Chicago, 1933.

All outstanding work of the year is reviewed in the 826 pages of this volume. The literature indicates that ether remains the safest anesthetic for general use. Thoracic surgery is thoroughly presented with its many advances. Special attention is directed to the superiority of iodine over modern antiseptics, and to the results obtained by Pannewitz in the treatment of 1,500 cases of arthritis deformans by X-ray. Several cases of hypoglycemia produced by adenomas of the pancreatic islet tissue are reported. The surgeon and the general practitioner will find many diagnostic points as well as abstracts not readily accessible in this volume.

**Light Therapy.** By Frank H. Krusen, Director of the Department of Physical Medicine, Temple University School of Medicine, Philadelphia. Pp. 186, with 33 illustrations. Price \$3.50. New York: Paul B. Hoeber, Inc., 1933.

Many physicians seem to believe that if they possess a lamp which is labelled an ultraviolet or sun-lamp that it will produce ultra-violet rays, and that these rays will accomplish practically any desired anti-rachitic or bactericidal effect which is required. More careful study has shown that these sources vary widely in the results and that it is necessary to have certain portions of the light spectrum in proper intensity produced by the agency to obtain the desired physiological effect. To practice light therapy intelligently, the physician should be acquainted with the physical properties of the lamp which he is using as well as possessing a knowledge of the results which may be expected on the tissues. Light therapy has been applied too frequently in an empiric manner with no recognition of the dangers which are present. In this volume the author has presented a differentiation of fact and fancy with a serviceable technic. The dangers, limitations and indications are fully discussed. The reviewer feels that this is the most valuable book on the subject yet to appear.

**Clinical Endocrinology of the Female.** By Charles Mazer, M. D., F. A. C. S., Assistant Professor of Gynecology and Obstetrics, Graduate School of Medicine, University of Pennsylvania, and Leopold Goldstein, M. D., Demonstrator of Obstetrics, Jefferson Medical College. Pp. 519, with 117 illustrations. Price \$6. Philadelphia and London: W. B. Saunders Company, 1932.

This volume primarily concerns itself with menstruation and its disorders. The growth promoting and gonad stimulating functions of the pituitary are fully discussed. Sterility, pregnancy tests, obesity and lactation receive separate chapters. Numerous case reports supplement the treatise, unique of its kind.



Dec 21, 1893



# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL



Vol. XXXI

FORT SMITH, ARKANSAS, SEPTEMBER, 1934

No. 4

## THE RELATIONSHIP OF ALLERGY TO OTOLARYNGOLOGY\*

JOHN J. SHEA, M. D.  
Memphis

The relationship of allergy to otolaryngology has assumed an important place in the modern set-up of our specialty. More patients are recognized as being allergic today, because of the combined studies of the allergist and the otolaryngologist.

The rapid rate at which we live and the nervous tension under which we exist are changing our physical being.

Heredity plays an important part, for we must be born with a nervous system capable of reacting in this peculiar manner known as allergic.

### ALLERGIC MANIFESTATIONS

Allergy—Altered reactivity.  
Prophylaxis—Favoring protection.  
Anaphylaxis—Without protection.  
Immunity—An excess of antibodies in the blood.  
Sensitiveness—An excess of fixed antibodies in the tissues without the protection of circulating antibodies.

### TYPES OF ALLERGIC REACTIONS

Migraine.  
Vaso-motor rhinitis.  
Asthma.  
Gastro-intestinal allergy.  
Eczema and Angioneurotic oedema.

### HEREDITY

The child is the fruit of the family tree and inherits a nervous system capable of allergic reactions. Females are more frequently allergic than males and the transmission is twice as common through the females. In rabbits, the predominating allergic reaction is cardiac; in the guinea pig pulmonary; in the dog hepatic, while in man, any or all of these organs may show predominating reactions.

### BUFFER SUBSTANCES

The sodium and potassium salts of carbonic, phosphoric, lactic and sulphuric acids comprise a buffer system maintaining a normal bio-chemical balance. The fluids of our body are composed of solutions of weak acid and bases. When a strong acid is absorbed, it immediately reacts with one of these salts to form water acids and a neutral salt. When a strong base is absorbed, one of the weaker acids unites with it to form a weaker base. By this process the reaction of the tissue fluids are controlled. Our bio-chemical reaction is measured in equivalence of pH. The tests are determined not on absolute quantities of the acid and base present, but upon the relative amounts of these two 7.0 pH. is the strength of neutral distilled water and the human limits are from 7.0 to 7.80 pH., but the ordinary state of the body balance runs from 7.30 to 7.0 pH. When the pH. rises above 7.50, we speak of the condition as being alkalosis and reactions below 7.30 are called acidosis, which is merely a relative acid state, for the cell life could not live if the fluids became neutral, less acid.

The color of the nasal membrane covering the septum is of diagnostic value for when it is pale, the sodium and chloride elements are deficient and the body is in need of NaCl,  $\text{CaCl}_2$  and dilute HCl., if the membrane is red, K. Ca, and iodides are deficient. If this membrane is dry, the sodium content is in excess of its normal balance with the K. Should the blood pressure be high, this balance is restored by the reduction of the sodium intake, but if the pressure is normal or low, the balance may be corrected by increasing the intake of potassium. So we see, that the sodium and potassium regulate the fluid balance and behavior of the tissues. Calcium and iodine are antagonists. Ca is given when we desire to build up tissue and the iodides to break down cell structures.

\*—Read before the Fifty-ninth annual session of the Arkansas Medical Society held at Little Rock April 16-18, 1934.



## HISTOLOGY

The nasal membrane is derived from the endodermic layer of the foetus and is the most sensitive and responsive tissue of the organism. The mucous membrane of the sinuses is less sensitive and responsive, but richer in lymphatics, which ultimately drain into the bronchial lymph nodes. The chest reflects the lymphatic activity of the sinuses.

## NASAL SITES

There are areas within the nose and sinuses which are sensitive and responsible for the beginning of the reflex. The established nasal sites are the upper and back part of the septum, the ethmoid region, hyperesthetic areas on the tuberculum and the anterior tips of the middle and inferior turbinates, points of contact between the septum and the outer wall of the nose, all of the sinuses and the region of the sphenopalatine ganglion. A reflexed path from the nose to the lungs is recognized, and a stimulation of it will produce spasms of the bronchial tree or an increased amount of the bronchial secretion. The most commonly encountered reflexes are derived from nasal polyps, contact made by deflected septums, especially those involving the sensitive spots on the septum. The hook-up is through the nasal ganglion with pressure being the trigger.

## MIGRAINE

Paroxysmal attacks of headaches preceded by sensory irritations, especially ocular and followed by nausea and vomiting.

Etiology—(a) Gastro-intestinal auto-intoxication.

(b) Cortical disease.

(c) Allergic.

Onset—Before or at puberty—gradual.

History—Hereditary—females and males.

Triggers—Menstruation, worries, eye strain and gastro-intestinal disturbances.

Pathology—Increase of intra-cranial pressure. Felt first in temporal, parietal or occipital region. May be limited to one-half of the head.

Sensory central symptoms—(a) Tingling.

(b) Numbness.

Motor Symptoms—(a) Drooping of an upper eye lid.

(b) Diplopia.

(c) Diminution of vision.

(d) Weakness of a limb.

(e) Motor aphasia.

(f) Vaso-motor — pallor sweating — dilation of pupil.

## VISO-MOTOR RHINITIS

Allergic — Allergens (a) Seasonal — spring, from trees and flowers; late summer to frost, from weeds, grasses and flowers.

(b) Inhalant allergens—contact, face powder, house dust, flour, silks, dandruff, feathers and furs.

(c) Foods—Barnyard products, and shell fish.

Endocrines—(a) Thyroid—hypo-women.

(b) Ovarian—hypo-women.

(c) Pituitary — with headaches.

(d) Semitic—characteristic.

Bio-chemical—Loss of sodium.

## X-RAY STUDY

The initial films of a suspected case may show a cloudiness in one or more of the sinuses similar to those of the purulent type, but a second film made after the administration of a therapeutic dose of adrenalin will eliminate the cloudiness, if the condition is allergic.

## TREATMENT OF VASO-MOTOR RHINITIS

The medical treatment of vaso-motor rhinitis is based on the re-establishment of the bio-chemical balance, sodium salts of the iodides and mixtures of calcium and phosphorus being important. The internal administration of Ephedrine and a barbytal derivative is more efficacious than the local use of Ephedrine. At one time the intra-nasal radiation of ultra-violet was thought to be specific, but today it is only used in selected cases. "Bernheimer and Cutler reported, where radiation had been carried out on hyperesthetic rhinitic cases, that 50 per cent were relieved one year later."

Many of the commercial nasal drops contain ephedrine, which is habit forming and today we are seeing victims, who are never happy unless their membranes are under the influence of this Chinese drug.

## GASTRO-INTESTINAL ALLERGY

Indigestion allergy—any food.

(1) Barnyard products—eggs, butter and milk.

(2) Animals—(a) Chickens—hens and roosters. (b) Other fowls. (c) Beef and veal. (d) Pork.

(3) Sea foods—Oysters, clams, shrimp, etc.

(4) Vegetables—Nuts, leafy vegetables, starchy vegetables, as potatoes and wheat.

(5) Drug idiosyncrasy — quinine, iodides, arsenic—unite with the protein of the blood to produce an allergant product.

#### ECZEMA AND ANGIONEUROTIC OEDEMA

Eczema—Milk and feathers, occupational contact allergens.

Angioneurotic oedema—women — sensitive to discharge, post-operative, diet, shellfish, orbital contents, tongue and throat, larynx-croup.

#### INFECTIONS ASSOCIATED WITH ALLERGY

If there occurs an increased alkalinity the result of treatment of an acute infectious process, the bio-chemistry becomes favorable for an allergic reaction. The presence of an allergic state is not a contra-indication to surgery. But on the other hand, any necessary intra-nasal operation would be carried out, such as sub-mucous resections of obstructive noses, simple drainage of purulent discharge from out of a sinus will remove a trigger. For the reabsorption of sinus discharge often serves as an allergen. Radical pansinus operations are of value in the hands of the experienced, but should not be undertaken as a last resort.

#### ASTHMA

A neurosis causing a spasm of the bronchial muscles; a hyperaemia and turbulence of the mucosa of the smaller bronchial tubes and a peculiar exudate of mucin.

- (1) Cardiac.
- (2) Renal.
- (3) Bronchial or spasmodic.
  - (a) Allergic.
  - (b) Endocrine.
  - (c) Bio-chemical.

#### MODUS OPERANDI

Sensitization to a bacterial protein. Tonsillitis and pyorrhea. Eosinophilia. Reflex from nasal contact:—

- (a) Septum—galvanic stimulation and cautery.
- (b) Turbinates—pressure on Meckels ganglion.

(c) Ethmoids—cystic degeneration, hyperplasia.

Absorption of sinus discharge.

#### SENSITIZATION TO BACTERIA

The allergic patient readily becomes sensitive to the bacteria of an acute or chronic infection, especially those of the sinuses, whereas, infection of the gums or tonsils may be tolerated. In order to study this sensitization, a culture should be grown from some of the sinus discharge upon an agar media. This excludes the possibility of any other protein entering into the test. A vaccine is made by simply washing with normal saline and sterilized by heat. A marked reaction to minute inoculation of this vaccine is proof of a sensitiveness to the reabsorption of the nasal discharge. The importance of this knowledge is that the sensitive patients may hope for relief through their surgery, whereas, those not sensitive can only hope that the removal of some pressure will be of value.

#### VAGUS STIMULATION

A hyper-irritable condition of the bronchial vagus, which has been aggravated by sensitization to certain specific proteins may be precipitated into an attack of asthma by either central or reflex stimulations, the cause of the stimulus being a diseased process in other organs such as the nasal mucous membrane, sinuses, ear, lung tissue, stomach and intestinal tract, gall-bladder, genitalia, bladder and impacted third molar.

#### ETIOLOGY

- (1) Allergic manifestation.
- (2) Allergic asthma.
  - (a) Seasonal—Spring from trees and flowers; late summer to frost from weeds, grasses and flowers.
  - (b) Inhalant allergens—Contact, face powder, house dust, flour, silks, dandruff, feathers and furs.
  - (c) Foods—Barnyard products, and shell fish.
    - Endocrines—(a) Thyroid—hypo-women.
    - (b) Ovarian—hypo-women.
    - (c) Pituitary—with headaches.
    - (d) Semitic—characteristic.
  - Bio-chemical—Loss of sodium.



## OSLER

Osler defined hay fever and asthma as "a reaction of an anaphylactic nature in sensitized persons, in others possibly a reflex neurosis, characterized by a swelling of the nasal or respiratory mucous membrane, increased secretion, and in asthma, spasm of the bronchial muscle with dyspnoea, chiefly expiratory. There are no essential differences between hay fever and asthma; in one, nasal portion of the respiratory tract is affected, in the other bronchial. Many times both."

## MULLIN'S CLASSIFICATIONS

1. Those due to sensitization to pollen, food and other proteins.
2. Those due to infection in the paranasal sinuses,
3. Those due to reflex stimulation.

It should be understood that in any individual case a combination of these causes may be responsible. Infections of the tonsils or pyorrhea are less likely to cause asthma than infections in the ethmoid or maxillary sinuses.

## ASTHMA AS A TOXEMIA (Tobey)

Faulty proteid metabolism with excess of carbohydrates in the diet.

Toxemia alters the asthmatic.

Nasal disease (ethmoid) supplies the spark.

## WEILLE

Dr. Francis L. Weille in an extensive study at the Massachusetts Eye and Ear Infirmary followed several hundred cases of asthma and found the pathology within the nose to be as follows:

	Intrinsic.	Extrinsic.	Reflex.
Cases .....	32	6	1
Polypoid .....	70%	50%	
Purulent and Polypoid .....	49%	50%	

INTRINSIC—Cysts 9%—thickened sinus membrane 10%—polyps 40%—marked fibroma 9%—cystic degeneration 10%.

Many over-lapped.

A study of the sinuses involved showed the following:

SINUS.	SINGLE.	BILATERAL.
Maxillary .....	7	32
Ethmoid .....	2	26
Frontal .....	3	17
Sphenoid .....	0	15

One or more sinuses were involved.

Weille's conclusions were that 50 per

cent of the asthmatic patients received long relief from sensible sinus surgery and 75 per cent of the nasal symptoms were cured. If the asthma was extrinsic, the surgery failed to cure in the presence of the extrinsic factor.

## TREATMENT OF ASTHMA

Morphine and its derivatives should be avoided by these patients, as its administration is dangerous.

The first step is the complete testing by a competent allergist, which should include foods, inhalants and vaccines of the ordinary respiratory type. After the testing has been completed, the patient is advised to avoid or eliminate all products that can be taken care of in this manner. If however, the patient is sensitive to certain products, which cannot be avoided such as wind-born pollens, an antigen composed of these clinically important pollens should be administered. The clinical importance varies according to the different parts of the country, for in the extreme Southern States, pollenization lasts nine (9) months.

The diet should include sufficient amount of the foods whose ash is acid. The addition of dilute hydrochloric or nitrohydrochloric acid to the protein meals will aid in maintaining a favorable pH. balance. A patient who is hyper-alkaline reacts allergically more violently, than one whose pH. is low.

Desensitization—Neutralizing the fixed antibodies by repeated administration of small doses of the antigen over a long period of time.

Immunization, by spaced injections of graduated doses of the antigen, an excess of the circulating antibodies is acquired. This has been of great value in the sinus type, where each acute cold precipitates an allergic attack.

Surgery—Removal of focal infections is important, for these patients readily become sensitive to the offending organism present in the focus of infection, especially the maxillary and ethmoidal sinuses.

The allergist, who treats bronchial asthma without considering the possibility that the nose and the sinuses may be diseased or the rhinologist who does not consider the possible presence of allergy will alike meet with failure.

The surgery may be (a) Plastic—as a submucous resection, when a deflected septum serves as an obstruction to the enlargement of the turbinates.

(b) Intra-nasal—antromotomies with tube drainage, ethmoidectomy, sphenoidectomy and rarely intra-nasal drainage of the frontal sinuses.

(c) Radical—When the surgeon is satisfied in his mind the sinus pathology is serving as a trigger for the allergic attack and he has failed to gain permanent relief with intra-nasal surgery, he is justified in advising complete removal of the allergic sinus membrane. The results obtained will depend upon whether the patient is sensitive to the organism in this membrane and the competency of the surgeon to do a complete operation.

A temporary or permanent change of environment, and recognition and elimination of extrinsic factors so far as possible should be carried out before sinus surgery is advised; but surgery should not ordinarily be advised as a last resort.

### CONCLUSIONS

The present study indicates that patients having polyps in the sinuses and nose, and patients having purulent cystic degeneration of sinus mucous membrane are the most favorable patients for operation, so far as the asthma is concerned, but the latter condition cannot be diagnosed pre-operatively. Purulent sinusitis is less favorable than sinuses showing polypi.

Patients having extrinsic asthma received no benefit to their asthma from sinus surgery, nor do patients having slightly or moderately thickened sinus linings. However “the worse the sinus disease, the greater the benefit to the asthma,” is not necessarily true. Patients who have had drastic sinus surgery without benefit to their asthma are usually no better by “doing over” the sinus operation, such efforts discredit nasal surgery.

Indication for sinus operation in asthmatic patients include:

(a) Sinus disease demanding surgical treatment on its own merits.

(b) Recurrent head colds precipitating asthmatic attacks; the aim of surgery is to lessen the number of such colds.

(c) Attempting to interrupt the vicious downward cycle in the very severe case of asthma by attempting to gain even temporary relief.

(d) Cases in which removal of polypi or sinus irrigation yields temporary benefit.

The sinuses most often affected are the ethmoids, sphenoids and antra, rarely the frontals.

These operations are not always successful because the patient is not sensitized to his own sinus organisms, or because the operative work is not thorough enough. These cases are rare, but brilliant results follow relief of the sinus infection by operation.

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### DISCUSSION

Alan G. Cazort, Little Rock: I enjoyed this excellent paper. I find a lot of things to agree with and a few things to disagree with. I wish that Dr. Shea had said more about the differentiation in vasomotor rhinitis cases. I want to ask a question or two. One of them is as to the importance of the eosinophiles in nasal smear in differentiation. And the other is the status of bacterial allergy in vasomotor rhinitis; whether the patient becomes sensitized to the bacterial proteins which normally grow in the nose and, if so, whether we can desensitize the patient to those proteins, using about the same methods we do in desensitizing to the pollens?

Dr. Shea, in Response: We are pleased in the study of the case that we suspect as being allergic when the smear of the nasal secretion carries as high as 10% of eosinophiles. It is better still if the polypi that we remove, or the membrane we take within the sinus is rich in eosinophiles. The trained eye can differentiate an allergic membrane, but the differentiation between a case that is allergic and one that is hypo-endocrine is difficult to make. As to when the patient will get sensitized is difficult to understand. I believe personally that it is the change in his bio-chemical reaction that makes him susceptible.

I wish to thank you for your invitation, attention and discussion.



## EVALUATION OF THE SWIFT-ELLIS THERAPY IN THE TREATMENT OF NEUROSYPHILIS\*

GRAYSON E. TARKINGTON, M.D., F.A.C.P.

Formerly Director Charles Steinberg  
Clinic, Hot Springs National  
Park.

During the ten-year period that the Neurosyphilis Clinic of the Charles Steinberg Clinic has been in operation, the members of the staff have noted that there has been an unusually large number of readmissions for a clinic whose clientele is almost entirely transients. On January first, 1932, a chart was devised which would, in a measure, show the results we were obtaining with our efforts. These were astounding, even to those working in the clinic daily. While being aware of the fact that we were obtaining satisfactory results, we were much surprised at the splendid showing presented in the accompanying table.

The majority of the syphilis patients entering the Charles Steinberg Clinic are transferred to us from the United States Health Service Clinic as intraspinal therapy is not given there. After a complete neurological and physical examination, the patient receives a diagnostic spinal puncture. If the fluid and physical examinations are found to be negative, the patient is returned to the Government Clinic for so-called routine "systemic" treatment. If the fluid is positive, this fact and the physical and neurological findings are correlated, the patient classified according to the following classification and treatment is instituted:

Group I. Preponderantly Meningeal Neurosyphilis. (This group includes most of the early cases of involvement of the nervous system.)

A. Acute Syphilitic Meningitis. Occurring in untreated syphilis, manifesting the characteristic signs of meningitis with the accompanying signs of a recent early syphilis.

B. Neuro-recurrence. Evidence in inadequately treated patients by various clinical manifestations, usually a subacute meningitis

with or without focal cranial nerve lesion (seen in 2 to 5 per cent of syphilitics).

C. Mild Meningeal Neurosyphilis. Manifested by mild symptoms or slight physical signs; headache, neuralgic pains, insomnia, vertigo or nervousness.

D. Asymptomatic Neurosyphilis. Patients have no complaint and show no physical abnormalities. Only abnormalities in spinal fluid—a finding in about 20 per cent of all early syphilitics.

Group II. Preponderantly Vascular Neurosyphilis. (Late meningovascular neurosyphilis.)

A. Cerebrospinal Syphilis. Evidence of endarteritic focal lesions with occasional cranial nerve disorder, hemiplegia and various transient paralytic phenomena.

B. Cerebral Syphilis.

C. Arteriosclerosis.

D. Syphilitic Epilepsy.

E. Brain Gumma. Single, presenting local signs of tumor; multiple, presenting the symptomatology of a diffuse neurosyphilis.

F. Syphilitic Transverse Myelitis. Paraplegia and syphilitic chronic anterior poliomyelitis.

Group III. Preponderantly Parenchymatous Neurosyphilis.

A. Paresis (Neurosyphilis plus a Psychosis). (1) The organic or deteriorated; gross mental deterioration, impaired judgment, clouded sensorium, grave personality changes. (2) An organic reaction with a psychosis of a functional coloring. (3) Cases without the signs of deterioration of general paresis.

B. Tabes.

C. Tabo-Paresis.

D. Late Asymptomatic Neurosyphilis or Paresis. (These are cases exhibiting minor neurologic signs and symptoms which may and frequently do occur in normal as well as in syphilitic persons—headache, insomnia, pupillary and reflex disturbances—but whose occurrence in a patient with a history of syphilis is presumptive evidence of the existence of neurosyphilis.)

E. Primary Optic Atrophy.

F. Congenital Neurosyphilis.

The technic of the Swift-Ellis therapy as employed in our clinic is as follows:

The patient is placed on mercury and iodides for a period of one week or ten days as a precaution against any vascular accidents. He is then given 0.4 gm. arsphenamine (old). We use the straight arsphenamine routinely. From five to fifteen minutes after this injection, 20 or 30 cc. of blood are withdrawn and placed into a sterile, 50 cc. centrifuge tube so if proper separation of the clot does not occur the specimen may be centrifuged. This, however, is rarely found to be necessary. The blood is then allowed to stand for twenty-four hours at room temperature. At the end of that time, 10 to 12 cc. of the serum are pipetted off and placed in a sterile

(\*—From the Department of Syphilis, Charles Steinberg Clinic, Leo N. Levi Memorial Hospital, Hot Springs National Park, Arkansas. Read before the fifty-eighth annual session of the Arkansas Medical Society held in Hot Springs National Park, May 2, 3, 4, 1933.)

tube. The serum is inactivated in a water bath at 56° C. for thirty minutes and is then ready to inject into the spinal canal. The apparatus used for the spinal treatment is the barrel of a 20 cc. Luer syringe with about 16 inches rubber tubing attached to it. At the other end of the tubing is attached a glass adapter or window, one end of which has been ground to fit the Luer type of needle. The patient is placed in the recumbent position and spinal puncture is made in the lumbar region. Manometric readings are made, enough spinal fluid is removed for examination and at least to equal the amount of serum to be introduced. Then the glass window with the tubing is attached to the spinal needle and enough spinal fluid is permitted to flow into the barrel to remove the air; not that the introduction of air would do any harm but this procedure facilitates free flowing of the fluid. The serum is then poured into the barrel of the syringe and allowed to flow into the intraspinal space by gravity. Two to 3 cc. of normal saline solution are used to wash the syringe and tubing clear of the serum so that the full amount is utilized. The patient is then permitted to go home with instructions to lie down until the following morning. Reactions from these treatments are rare but when they do occur, they consist principally of shooting pains in the legs, indicating cord irritation. We have not had a single accident resulting in permanent injury from this method.

I have the records of 100 unselected patients to present (Table I). These patients represent the readmissions from January 1, 1932, to December 31, 1932. The average age of these patients was 42.39, with a representation of a low age of 18 and a high age of 55. The average number of cells on admission was 83.3. This represents a low count of 1 and a high count of 1,125. The average rest period between treatments was 10.46 months, representing as low as six weeks and as high as 18 months. The average gain in weight per patient is rather deceiving for this represents the greatest loss of 23 pounds and the greatest gain of 30 pounds.

TABLE I

ONE HUNDRED RE-ADMITTED CASES OF NEUROSYPHILIS

Average age of patient .....	42.39 years
Average number of admissions to clinic .....	2.86
Average length of infection (before admission to clinic) .....	7.2 years
Average amount of previous treatment: Mercury .....	19.3
Arsphenamine .....	14.3
Number with positive blood Wassermann's on admission .....	93.

Number with negative blood Wassermann's on admission .....	7.
Number with positive spinal fluid on admission .....	99.
Number with negative spinal fluid on admission .....	1.
Average cell count of spinal fluid on admission .....	83.3
Average amount of treatment received in clinic:	
Arsphenamine .....	8.16
Mercury .....	33.8
Swift-Ellis .....	6.17
Average rest period between treatments .....	10.46 months
Number of positive blood Wassermann's on readmission .....	60.
Number of negative blood Wassermann's on readmission .....	37.
Number without blood Wassermann's .....	3.
Number of positive spinal fluids on readmission .....	55.
Number of negative spinal fluids on readmission .....	37.
Number without spinal tests on readmission .....	8.
Average gain in weight per patient .....	1.17 Lbs.

In Table No. II, it will be noted that the largest group was that of asymptomatic neurosyphilis; next the neuro-recurrence group. This, I believe is the answer for an early diagnostic puncture and the institution of treatment.

TABLE II  
DIAGNOSIS

1. Preponderantly Meningeal Neurosyphilis.	
(a) Neurorecurrence .....	18
(b) Mild Meningeal Neurosyphilis .....	3
(c) Asymptomatic Neurosyphilis .....	41
2. Preponderantly Vascular Neurosyphilis.	
(a) Diffuse Cerebrospinal Neurosyphilis .....	5
(b) Syphilitic Transverse Myelitis .....	3
3. Preponderantly Parenchymatous Neurosyphilis.	
(a) Paresis .....	5
(b) Tabes .....	8
(c) Late Asymptomatic Neurosyphilis .....	16
(d) Primary Optic Atrophy .....	1

In cases of asymptomatic neurosyphilis with positive spinal fluid we feel that rather than employ systematic treatment for a period of three years and then if the spinal fluid is not negative to institute intraspinal therapy; that if the Swift-Ellis plan is employed early it will avoid, in many instances, parenchymatous neurosyphilis. We feel that our suc-



cess in obtaining satisfactory results in these cases has been our persistence. The Swift-Ellis method has been abandoned in many places as of no value, when in reality the method has not been given a fair trial. One course of treatment will not obtain the desired results; it frequently requires two, three or more.

During the past ten years we have used practically every method described in treating these cases; but we have not found any method equal to the modified Swift-Ellis therapy as we use it.

#### SUMMARY

1. The results of one hundred cases of neurosyphilis treated with Swift-Ellis therapy are reported.

2. A classification of neurosyphilis is given.

3. The frequency of asymptomatic neurosyphilis and neurorecurrence is emphasized.

4. Institution of intraspinal therapy early in the involvement of the cerebrospinal system is urged.

5. Repeated courses are often necessary.

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#### DISCUSSION

Dr. Geo. B. Fletcher, Hot Springs: I think after having heard Dr. Tarkington's paper, and having seen his films and having gone over the tables and statistics he has presented, you will realize how much effort is required to do the amount of work he has presented here. If we had a certain cure for syphilis, there would be no reason to continue to discuss it, but we continue to discuss this disease just as we continue to discuss acute appendicitis, malaria, etc., and in my opinion we obtain much benefit from these discussions. This particular type of patient is one we see so frequently in Hot Springs and, of course, you see them at home.

There are several points in the paper I wish especially to call your attention to. One of the most important is the value or the necessity of early spinal puncture in leptic cases. At least sixty-five per cent ofluetics will show spinal fluid changes early, suprisingly early, not a matter of months but perhaps a matter of days or weeks after the initial infection. That doesn't

necessarily mean that with a positive blood we should immediately institute intraspinal therapy, but it does mean that we have a check on that patient early and that later, after our preliminary treatment, we will have a way of checking up on what has occurred in the spinal fluid after that much preliminary treatment. You, of course, realize from the film here that preliminary preparation of the serum must be done by some one competent to do it. It requires a good laboratory and perfect technic. On the other hand you see, as the man walks from the table, that it is an ambulatory type of treatment. The patient isn't laid up with a lot of discomfort, headaches, etc., in fact, unfavorable reactions to the treatment are quite rare. I would be inclined to say more so than in ordinary intravenous treatment. Then we know that the results are sufficiently good to justify this type of treatment. We know that there are many other things that are suggested and used, such as heat therapy, in the form of diathermy, malaria, etc., however, Dr. Tarkington as well as others in other places who have reported on this type of treatment, have such definite statistics that we must conclude that enough good is accomplished to justify continuing its use.

You will notice his mention of mercury. We have never been able and perhaps never shall be able to eliminate mercury, together with iodides, in the treatment of all types of syphilis.

He mentioned the fact that the asymptomatic cases are perhaps in the majority, which is an important fact because of this feature; a patient coming in with perhaps a negative blood Wassermann, and no evidence of organic involvement of the central nervous system, but giving a positive history of syphilis, if properly investigated, may show a positive spinal fluid. It will be our only chance to determine whether there is neurosyphilis present.

Gumma which he mentions, and which is relatively uncommon, usually begins as a meningo-vascular involvement. It is in the meningo-vascular stage that, if attacked properly, you will preclude the later occurrence of gumma which, after all, when fully organized, is nothing but a benign tumor, in which the treponema can no longer be demonstrated at this time. Of course the condition is treated as any other brain tumor.

I wish to compliment Dr. Tarkington on the preparation of his paper and in bringing the facts before us so clearly.

Dr. D. W. Goldstein, Fort Smith: I enjoyed the doctor's paper and the discussion of intraspinal therapy. Like Dr. Fletcher, I believe the time for following the stereotyped formulas in the treatment of syphilis has passed, especially that of neurosyphilis. I feel that this is one of the best discussions of the intraspinal therapy that it has been my pleasure to hear. I do not use the intraspinal therapy myself, but I am a follower of other methods of procedure. The doctor stated that in asymptomatic syphilis he gave intraspinal therapy when the spinal fluid was positive. I do not believe that your first at-

tack should be through intraspinal therapy. When I first treat a case, I think of myself as the individual being treated. If I had asymptomatic syphilis, I would never take intraspinal therapy first. We do know that mercury, arsphenamine, tryparsamide and other drugs are used. I would certainly try these before I would take intraspinal therapy. Of course if the house begins to fall, I would use intraspinal therapy as a last resort.

The doctor also stated that he divided his cases. The negative blood cases were sent over to the public health hospital for treatment, and he only treated positives. We know that the most serious cases of neurosyphilis do not show positive findings, and often we see those with a negative spinal fluid, especially the negative Wassermann, that are more serious than we think. We know that the tendency of the Wassermann is to become negative, especially the blood Wassermann, and often the spinal fluid will be positive and the blood Wassermann remain negative. We do not know if the improvement we see in intraspinal therapy is really due to an aseptic meningitis produced by the arsphenamine, or to the arsphenamine which is given intravenously.

I cannot believe that this is an ambulatory treatment, and I hope that you will not go home and use this method of treatment as an ambulatory procedure. I hardly think that a spinal puncture is an ambulatory procedure, though I know some men use it as such. In Dr. Tarkington's hands, in Dr. Fletcher's hands and in the hands of the men of Hot Springs, it may be ambulatory, but I know it wouldn't be ambulatory in mine.

In treating neurosyphilis, a study of the patient before treatment should be made, and if this patient has a meningovascular syphilis of a few months duration, I certainly would not give them intraspinal therapy without using soluble mercury even before arsphenamine. In any case of neurosyphilis, I would not think of giving arsphenamine without a preparatory treatment of mercury or bismuth.

Dr. Tarkington, in closing: As to two or three points which Dr. Goldstein mentioned: First, I did not want to leave the impression that we merely start our treatment from the serological findings. I mentioned the fact that all physical and neurological findings plus the serological findings are correlated when this patient is placed on treatment. I agree that mercury should precede arsphenamine injections. We use that method. Probably not as long as Dr. Goldstein uses it and probably not as long as it should be used. As I say, our patients in the clinic are all indigent. In these patients where money is limited, we have to push them sometimes faster than we care to. I think that is all I have to offer. I have enjoyed the discussions and I appreciate both Dr. Goldstein's and Dr. Fletcher's remarks.

## ADDRESS ON THE 62ND ANNIVERSARY OF WASHINGTON COUNTY MEDICAL SOCIETY\*

H. D. WOOD  
Fayetteville

We have met again in joint session to celebrate that good fellowship that has existed between these two societies for many years. This happens to be the sixty-second anniversary, or was on the first Tuesday in this month, of the organization of the Washington County Medical Society. The meeting was held in the hall above the McIlroy Drygoods Store Tuesday, July 2, 1872. And how the names of the men who were entitled to write "M. D." after their names at this meeting remain fixed on memory's tablet after all these years.—Thomas J. Pollard, William B. Welch, Samuel F. Padlock, Robert J. Carroll, George W. Holcomb, Edward F. Brodie, F. N. Littlejohn, John N. Lacey, John C. Grace. Your humble speaker made one of the ten on this occasion.

It is not often that a medical man continues a member of a medical society for sixty-two years, in active practice and ready to answer calls day or night. I feel thankful that my life has been spared for all these years as I have seen more progress made in these sixty-two years than was ever made in any previous two thousand years of the world's history in medicine and surgery. Yet there is room for further progress in medicine and surgery.

May I mention an instance of the daring and skill of a charter member of this society? I refer to Edward F. Brodie, a relative of the great surgeon, Sir Benjamin Brodie. Dr. Ed Brodie located at Billingsly, better known to some of you as "Hogeye" and was a protege of Dr. William B. Welch who had a remarkable knowledge of anatomy and was the leading surgeon in the county. Dr. Brodie had made an appointment for Dr. Welch to help in operating on a woman with a goiter. The young Brodie was at the woman's house on time and had every-

(\*—Address given before the joint meeting of Washington and Benton County Medical Societies at Cave Springs, July 12, 1934.)



thing ready for the operation. This was before the days of asepsis when it did not take much time to get ready for a major operation. Dr. Welch got tied up with a case and could not meet his appointment. Dr. Brodie then instructed one of the neighbor men how to give chloroform and did a successful thyroidectomy.

I have sometimes felt that more doctors located in Fayetteville, thinking they were surgeons, than in any other town. I well remember years ago the doctor who came from the eastern part of the state after he had been appointed railroad surgeon in a small town. He stood up straight, dressed elegantly, walked about in a dignified way and let it leak out that he was the only educated surgeon in the city. Notwithstanding the fact that Dr. William B. Welch had lived in the city for more than ten years and was a surgeon in the Confederate Army and was the Chief Surgeon left in charge of the wounded after the Battle of Prairie Grove.

A little bit of surgery fell to the lot of some of us when we would rather have had some doctor of more experience do the work. Well do I remember in the fall of 1881 the little girl ten years old who had been helping to gather a load of corn where the cockleburs grew. When the load of corn had been gathered the children left the field and started to race down the road. The little girl pulled her shawl closer around her neck, as it was a cold day, and started to run with the others. A bur was slightly attached to the shawl and as she ran it was drawn into the larynx and lodged below the vocal cords. With the laryngoscope I could see the bur very distinctly. The next morning I called on all the doctors in the town to get the use of a laryngeal forceps; no one had such an instrument. A classmate of mine, Dr. C. S. Gray, said that he had a long uterine forceps for placing laminaria tents, that could be heated and bent near a right angle which he thought would answer my purpose. With this improvised instrument and the laryngoscope I touched the bur a time or two but failed to grasp it. The child's condition became more distressing in the afternoon, and for fear the bur might become dislodged and drawn into the trachea and get beyond my reach, I decided

to do a tracheotomy. It was getting late in the afternoon and both the doctors, whose help I had hoped to have, Drs. Gray and Pollard, were in the country. I called on two young doctors then, just out of medical college, Dr. A. S. Gregg and Dr. Thomas Quarrels. The little girl was chloroformed, I made an incision into the trachea and with dressing forceps caught the bur at the first effort and removed it more easily than I had expected, feeling very much relieved. Many times since then have I called on Dr. Gregg and he has never failed to respond to my call. Sometimes I have been called on by him to assist in a difficult obstetrical case or to help him in a surgical operation. In fact, I have felt like he and Drs. Ellis and Mock were proteges of mine, until they out-stripped their preceptor in their professional progress.

May I trespass on your time and patience by relating a case of the only successful operation of its kind, ever done in Washington County so far as I know; an operation that made a southern surgeon famous throughout the world. I had assisted my preceptor, Dr. B. F. Williams, twice in operating on a vesico-vaginal fistula, once while I was an undergraduate in 1870, and again in 1873. Dr. Williams failed to get union. My recollection is that Marion Sims succeeded after his seventh attempt. Dr. Sims did his first work on negro women before he succeeded in curing a case of vesico-vaginal fistula. My friend, Dr. J. W. Kennedy, of Philadelphia told me that no race of people stands surgical work so well as the negro race. So surgeons of the south have excellent opportunities of success in their work. A medical friend of mine who was anxious to do surgery, knowing that I had helped my preceptor and that I had the instruments necessary, said he wanted me to help him on a case of this kind that had come to him for relief of her distressing condition. It was before we had a hospital in the city. A residence had been rented where operations could be done. On the morning of the operation the doctor said he had such a cold in his head that he wanted me to operate. I did not know whether it was a cold in the head or cold feet. I found the fistulous opening near the pubic ramus and when I

pared the edges of the opening and started to insert the sutures the point of the needle struck the pubic bone a time or two. I felt quite anxious about the successful outcome of the case. The doctor did not call me when the time came to remove the sutures, but he was glad to tell me that "we had succeeded in making a watertight joint." I felt gratified with the result.

I find on the roster of the Washington County Medical Society 115 names and among this number there have been many who have done excellent surgical work, but among this number, whom I have been privileged to watch during these sixty-two years, I have not felt like it could be said of any one of them what John C. Dacosta said of Joseph Pancoast, when he made a talk at the celebration of the 50th anniversary of the Philadelphia Medical Society in 1899. He said of this skilful surgeon: "He had an eye as swift as a flashing sunbeam and a hand as light as a floating perfume." Let us hope that before the Washington County Medical Society celebrates its Centennial that some member of this society who is now with us or who will join later, will approach in skill and dexterity what Dacosta said of Joseph Pancoast, if they ever keep in mind the conservation of human life.

May I mention but one instance of the progress in medical practice in these sixty-two years that has given me more comfort and a higher appreciation of the greatest of all professions than any other one thing,—the perfection of a diphtheria antitoxin that has saved the lives of millions of human beings, so easily administered for the cure of this one-time dreaded disease.

There is one thing that the Washington County Medical Society did soon after it was organized that contributed in a large measure to its high standing among the medical men of the state; that was the purchase of fifty copies of *The Code of Ethics of the American Medical Association*, giving to each of its members five copies that the members of the society as well as the laity might have a better knowledge of the duties of physicians to patients, the duty of patients to physicians, and of physicians to each other.

Well do I remember writing this couplet in some of the copies that I gave out: "Read carefully and return that others their duty may learn." These rules of good conduct for medical men are now called *Principles of Medical Ethics*. When medical men in any community live up to these rules there will always be harmony and good will among medical men. May I urge upon you the reading and careful observance of these rules.

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#### NEW LILLY RESEARCH LABORATORIES

The new Lilly Research Laboratories are nearing completion and will be ready for occupancy in early October.

Throughout an existence of nearly sixty years Eli Lilly and Company have been guided in their efforts to serve the professions by men whose primary interest has been the production of medicinal products for use in prescriptions written by physicians. Colonel Eli Lilly, the founder, was a skilled pharmacist with an aptitude and enthusiasm for his work, for making prescription supplies in new and better ways. His son, Josiah K. Lilly, throughout his connection with the company, a period covering fifty-eight years, has been a persistent experimenter who has constantly sought to improve products and processes. To him belongs the credit for establishing the first Lilly research activities in a special laboratory devoted wholly to that phase of the industry.

A member of the third generation of the Lilly family, Eli Lilly, grandson of the founder, is now president of the organization and it is under his direction that the culminating point in Lilly research activities has been attained through the completion of the magnificent structure that will be formally opened in the fall. These new laboratories will embrace the very latest facilities for scientific work and they will also reflect the progress of modern medicine. A broad and far-reaching program has been planned in keeping with the spirit of medical research and the aspirations of a company that since its inception has recognized the need for close affiliation of research with practice.

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"The length that a single tapeworm may attain is prodigious. Ordinarily it measures from 4 to 8 M. (approximately from 157 to 315 inches). But Berenger-Feraud claims to have observed a monster measuring 74 M. (about 2,913 inches). Such tapeworms bid fair to rival the sea serpent in length. A tapeworm of normal dimensions is composed of from 1,200 to 1,300 segments or proglottides. The size of these segments dwindles as they are traced upward toward the head, those nearest the head being exceedingly narrow and immature. A mature segment is from 16 to 20 mm. (approximately from 6/10 to 8/10 inch) long and from 3 to 7 mm. (from 1/10 to 3/10 inch) broad," according to Dr. Claude Lillingston, whose third article of the serial on "Our Parasites" discusses "The Tapeworm" in the August *Hygeia*.



# THE JOURNAL

OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council.

DR. W. R. BROOKSHER, Editor  
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## THE THERAPY OF MALARIA.

An abstract from the third general report of the Malaria Commission of the League of Nations has been sent out from Amsterdam, emphasizing, probably in a none too altruistic manner, the advantages of quinine. The viewpoint of the Malaria Commission is that quinine is the best drug for prophylactic use and that the curative effect of quinine and atabrine is equal.

For nearly one hundred years malaria therapy and quinine were synonymous. The World War with its embargoes so cut off the supply of quinine to Germany that synthetic anti-malarial drugs were of necessity produced. These, as finally perfected, are Plasmochin (1925) and Atabrine (1930). The former is the most effective agent for destruction of the sexual parasitic form and prevents the crescent carrier in the estivo-autumnal type from infecting mosquitoes. The merits of Atabrine are its toxic effect on the ring form of the parasites, the smaller dosage and the shorter course of therapy (1½ grains three times a day for 5 successive days in tertian or quartan type; in the estivo-autumnal type, Plasmochin in 1/6 grain doses three times a day is added).

Quinine therapy in its now generally standardized form has been quite successful for many years, yet there are failures. Experimentation has shown that quinine is insufficient in destroying the sexual parasitic forms so as to prevent mosquito infection and subsequent human infection.

The efficiency of the types of treatment now available has been studied through the analysis of over 5,000 cases, treated with various combinations of drugs in different parts of the world. Insofar as the length of fever in an acute attack is concerned, the three drugs exhibit little difference. Ring forms disappeared from the blood after atabrine in 2-3 days (at times, after more than one course); after quinine, in 6-8 days; after atabrine and plasmochin, 1-3 days and after quinine and plasmochin, in from 1-1½ days. With the sexual forms the peripheral blood was cleared by atabrine alone in 4 per cent, by quinine (complete course) in 15 per cent, by atabrine and plasmochin in 96 per cent and by quinine and plasmochin in 75 per cent of all

cases. Approximately 25 per cent of quinine-treated cases have relapses, 5 per cent of the atabrine and plasmochin-treated cases and from 10-20 per cent of the quinine and plasmochin-treated cases.

Thus, while the ideal malaria therapeutic agent has not yet been discovered, it would appear that the newer synthetic preparations are steps along the road to its eventual disclosure.

### Editorial Comment

Members of the Arkansas Medical Society are urged to co-operate with the State Board of Health by making more definite and detailed the cause of death as given on death certificates. The Bureau of Census is returning an excessive number of death certificates to Arkansas as incomplete and is requesting additional information from the attending physician. Dr. Grayson has recently mailed a copy of the Physician's Pocket Reference to the International List of Causes of Death to each physician in the state and has asked their co-operation. Compliance with the regulations and the standard list of causes of death contained in this booklet will lighten the work in the Arkansas Bureau of Vital Statistics and measurably increase its standard of efficiency. Keep this booklet readily available and refer to it when occasion calls for the completion of a death certificate.

At a meeting of the Council of the Arkansas Medical Society August 1st, the following committee was appointed as an Advisory Committee from the Society to the Emergency Relief Administration: M. E. McCaskill, Chairman; S. J. Wolfermann, S. B. Hinkle, D. A. Rhinehart and W. R. Brooksher. This committee is encouraged by the reception accorded its suggestions made to the Relief Administration and is hopeful that by further conferences a more satisfactory and equitable system for medical relief may be arranged. Acting on the suggestion of the Administration, a fee schedule has been presented for consideration which the committee feels is fair and just for the medical profession of Arkansas. As yet no action has been taken on this but we are hopeful that a favorable decision may be reported to the members at an early date.

### Proceedings of Societies

The Southeast Arkansas Medical Society met in Hamburg July 16th for a program by the following speakers: F. O. Mahony, A. C. Kirby, W. T. Lowe, Gordon Hastings and C. P. Gray. C. E. Spivey, of Crossett, was host for the meeting.

The Sixth Councilor District Medical Society will meet at Hope, September 11. The following program will be presented, beginning at 10:00 A. M.:

Pneumonia — It's Complications and Treatment—Phil McNeil, Oklahoma City.

Common Skin Diseases—D. W. Goldstein, Fort Smith.

Osteomyelitis — Willis C. Campbell, Memphis.

Cancer of the Cervix—M. Smith and Joseph Kelso, Oklahoma City.

Some Diagnostic Problems in Diseases of the Lungs—Sam E. Thompson, Kerrville, Texas.

Luncheon will be served at noon and in the evening Dr. Sam E. Thompson will address a public meeting on "Health Problems Are Individual Responsibilities."

Members of the Jefferson County Medical Society were guests of the Davis Hospital at a banquet held at the Hotel Pines, Pine Bluff, on August 7th. Reports of hospital progress and entertainment numbers featured the meeting.

The Independence County Medical Society were guests of Dr. and Mrs. Frank A. Gray for a boat excursion and supper on the White River in July.

Mississippi County Medical Society met at Blytheville August 7th for the following program:

The Use of Sodium Thiocynate in Dysentery—L. D. Massey, Osceola.

Some Practical Points in Gynecological Treatment—Percy Wood, Memphis.

The Obstructing Prostate—Thos. D. Moore, Memphis.

The Blytheville Hospital entertained the society at a watermelon feast at the conclusion of the program.

F. D. SMITH, Secy.



The Tri-County Clinical Society met in Arkadelphia on July 26. The program, by speakers from Little Rock, included S. F. Hoge on "Early Syphilis"; Paul Mahoney on "Differential Diagnosis Between Otitis Media and External Ear Infection"; J. O. Hall, D. D. S., on "Oral Health", and F. W. Carruthers on "Fractures."

### Personal and News Items

Ground was broken on July 30th for the new medical school building which will be erected just south of the City Hospital in Little Rock. J. K. Sheperd, president of the Chamber of Commerce, presided, and the first shovels of dirt were lifted by Marion Wasson, Fred I. Brown and Alexander Allaire. The spade used will be placed in a cabinet in the lobby of the new building. Addresses were made by Dr. Vinsonhaler, Marion Wasson and Grover T. Owens. The erection of the new building climaxes more than thirty years of effort on the part of the school to obtain a proper building for its activities.

The July issue of the *Southern Medical Journal* contains "Malaria Control in Arkansas, 1933," by W. B. Grayson, and "Experimental Production of Gastric Ulcers in the Albino Rat as a Result of Vitamin G Deficiency," by Harvey Thatcher (with Barnett Sure). The *Tri-State Medical Journal* for July contains "Intravenous Medication—a Consideration of Some of the Drugs Used Today," by Daniel R. Hardeman, Little Rock.

Geo. F. Jackson and W. F. Smith have been elected 1st vice-president and director, respectively, of the Little Rock Boy's Club.

M. E. McCaskill, President-elect, is the subject of a laudatory article in the July issue of *The Mississippi Doctor*.

W. R. Brooksher has been appointed a member of the publication committee of the American Radium Society.

MARRIED—J. D. Riley, superintendent, Arkansas Tuberculosis Sanatorium, and Miss Louise Stevenson, at Booneville, on August 9th. The Journal offers congratulations.

Announcement has been received of the marriage of Dr. Laman A. Gray, son of Dr. and Mrs. Frank A. Gray, of Batesville, to Miss Alice Virginia Crothers on June 4, 1934. Dr. Gray is a member of the house staff of Johns Hopkins Hospital.

H. H. Smiley, Texarkana, has been appointed district deputy grand exalted ruler of the B. P. O. E. for the western district of Arkansas.

R. R. Kirkpatrick and W. Decker Smith were recently elected commander and executive committeeman respectively of the Texarkana Post of the American Legion.

J. J. Willingham, State Sanatorium, directed a tuberculosis clinic and spoke to the Lions Club at Van Buren on August 8.

### THE AMERICAN COLLEGE OF PHYSICIANS WILL MEET IN PHILADELPHIA, 1935.

The American College of Physicians will hold its Nineteenth Annual Clinical Session in Philadelphia, April 29-May 3, 1935.

Announcement of these dates is made particularly with a view not only of apprising physicians generally of the meeting, but also to prevent conflicting dates with other societies that are now arranging their 1935 meetings.

Dr. Jonathan C. Meakins, of Montreal, Que., is President of the American College of Physicians, and will arrange the Program of General Sessions. Dr. Alfred Stengel, Vice President in Charge of Medical Affairs of the University of Pennsylvania, has been appointed General Chairman of local arrangements, and will be in charge of the Program of Clinics. Mr. E. R. Loveland, Executive Secretary, 133-135 S. 36th Street, Philadelphia, Pa., is in charge of general and business arrangements, and may be addressed concerning any feature of the forthcoming session.

"Biologically, medically, socially and culturally, the eye is of prime importance and most significantly useful," Dr. Hyman Cohen says in the introduction to "The Eye Book," the first chapter of which appears in the August *Hygeia*. Dr. Cohen continues by saying, "And no wonder, for its [the eye's] parent is the sun himself. There, above, is the sun, which has poured its light down on the earth ever since these two have traveled the spaces. It hatched all living things; it made their surfaces sensitive and responsive to impinging rays. When the first lowly creatures needed sight, the sun, by its insistence, generated the eye. Never since have the creatures, high and low, thus outfitted and adorned, ceased to worship, each in its own way and measure, the source that gave them eyes with which to see; nor has mankind ceased to marvel at the spectacle before it and to be thankful for the greatest of all gifts, sight."

## Book Reviews

**The Medical Profession and the Public.** A publication of the College of Physicians of Philadelphia. Joint Meeting of The College of Physicians and the American Academy of Political and Social Science, February 7, 1934. Pp. 112. Price \$1.00. Printed for the College, Philadelphia, 1934.

This volume contains the addresses presented at a joint meeting of the College of Physicians of Philadelphia with the American Academy of Political and Social Science and is of utmost importance to the individual physician inasmuch as the ten addresses discuss the problem of socialized medicine. The viewpoints of the Milbank Memorial Fund and the Julius Rosenwald Fund, who advocate the adoption of a socialized scheme of medical practice, are presented. It is obvious that the weight of this program was thrown to the side of the proponents of socialized medicine; Morris Fishbein alone representing organized medicine and speaking for the individual practitioner of medicine. In all fairness we believe that he has well supported the contentions of organized medicine against considerable odds.

**Passional Psychology.** By Dr. Jacobus X. Privately printed. Pp. 405. Price \$4.00. New York: The American Anthropological Society, 1934.

This volume deals with the study of the physiology and psychology of the sexual life and compares the distinguishing features of the psychology of love in the male and the female. For the purpose of this study the development of the sexual instinct is traced from lower forms of mammalian life to the human being. The work is of particular interest to students of psychology and psychiatry.

**Manual of Diseases of the Eye.** By Charles H. May, M. D., Director and attending surgeon, eye service, Bellevue Hospital, New York, 1916 to 1927. Consulting ophthalmologist to the Mount Sinai Hospital, to the French Hospital, etc. Fourteenth edition, revised. Price \$4.00. Pp. 478. Baltimore: William Wood and Co., 1934.

The fourteenth edition of this well known and justly popular book lives up to the standard that has justified thirteen previous editions with many reprints. As a manual for the student and general practitioner it covers the subject in a comprehensive yet brief manner and is a volume of convenient size.

After three chapters devoted to methods of examination, the component parts of the eye are taken up and presented so that the separate parts may be made most clear. Each chapter presents concisely the anatomy, the diseases of the part, relation to other parts, pathology and treatment. Treatment,—that which most interests the general practitioner,—is well presented, and the remedies and measures advised are most sound.

The colored plates, which are especially useful in presenting certain phases of this subject, deserve special mention. There are twenty-five

such plates with 78 colored figures which have been selected with care as to present typical and common conditions and have been reproduced for the most part with great accuracy. The novice in ophthalmoscopy, for example, could by consulting the plates easily differentiate a given case of optic atrophy into primary or secondary.

As the author states it is not recommended as a substitute for the larger works on Ophthalmology yet it gives the fundamental and essential facts on the subject and the commoner diseases and conditions are described with comparative fullness.—R. J. C.

**The Spastic Child.** By Marguerite K. Fischel. Pp. 97. Price \$1.50. Saint Louis: C. V. Mosby Co., 1934.

Being deeply interested in pediatrics, "The Spastic Child" held a strong appeal for me. A small volume of 97 pages, it is a thunderous rebuttal to the "hopeless" or "nothing can be done" opinions, all too frequently pronounced by men of medicine. Little's disease, or spastic paraplegia, is the subject; Therapy, in its various phases, its content; Tragedy, its background; Courage, its motif; and Success, its ending. It is a record of only one child but offers hope to many. This is a volume well worth having in your library.—J. W. A.

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**Compend of Diseases of the Skin.** By Jay Frank Schamberg, A. B., M. D., Professor of Dermatology and Syphilology Graduate School of Medicine, University of Pennsylvania, etc., and Carroll S. Wright, B. S., M. D., Professor of Dermatology and Syphilology Temple University School of Medicine, etc. Ninth Edition. Cloth. Price \$2.00. Pp. 319. Philadelphia: P. Blakiston's Son and Co., 1934.

This edition has been expanded to include modern treatment of syphilis, lymphogranulomatosis cutis and granuloma inguinale. This compend may be approved as one of the most useful guides to dermatology thus far available. The book is printed on thin paper in easily readable type. Altogether, it supplies a vast amount of exceedingly useful and practical data at a low price. It is a book that a physician will want to keep on his desk and to carry about with him in his handbag.—G. F. J.

**Surgical Clinics of North America.** (Mayo Clinic Volume—June, 1934). Volume 14, Number 3. 221 pages with 70 illustrations. Per Clinic Year, published bi-monthly, paper \$12.00, cloth \$16.00. Philadelphia, W. B. Saunders Co., 1934.

All Mayo Clinic articles, cases, reviews and volumes are extremely interesting and set a high example of medical writings for the profession. We expect and do find, a large number of interesting and rare conditions that would come under their observation. An interesting report is one of malaria developing following an operation, a condition frequently seen in the South. We find Judd stating that gastro-enterostomy has given satisfactory results in about 90 per cent of all cases in which it was the most logical procedure and in which it was properly performed. This a higher percentage than other surgeons report and so adds more fuel to the ever increasing argument concerning ulcer cases. A unique method of improving the abdominal wall in cases of fistula and also testing the potency of the intestine is by plugging the external fistula opening with chewing gum, which the patient has previously chewed to the requisite softness. This method was originated by the late Donald Macrae, Jr. of Council Bluffs, Iowa.—I. F. J.

## ANNUAL FALL CLINICAL CONFERENCE OF THE KANSAS CITY SOUTHWEST CLINICAL SOCIETY

The August Bulletin of the Kansas City Southwest Clinical Society is the Broadside announcing the program of the Annual Fall Clinical Conference, October first through fourth.

This is the twelfth consecutive year of the clinical conferences presented each October in Kansas City, Missouri. If you have not received a copy of this Broadside, one is available for you in the Executive Office of the Society, 207 Shukert Building, Kansas City, Missouri.

Forty lectures will be presented before the General Assemblies by twelve guest speakers and twenty members of the society during the morning, afternoon and one evening session. Subjects of these addresses will pertain to interesting features of medicine, surgery and the specialties.

Addresses appropriate for the lay public as well as the medical profession will be delivered by three guest speakers on Monday night before the public meeting.

Two addresses will be presented by guest speakers before the Tuesday evening joint meeting with the local medical societies.

Two short addresses will also be made daily at the close of the round table luncheons by guest speakers.

Wednesday evening will be devoted to entertainment for the attending physicians and their families.

The scientific exhibits will be on display in the Congress room of the Hotel President during the entire conference. These exhibits will consist of photographs, micro-photographs, X-rays, pathological specimens, etc., on tuberculosis, arteriography, hypospadias, foreign bodies, tumors, cancers, as well as clinical applications and demonstrations.

The completed program of this Fall Conference will appear in the September issue of the Monthly Bulletin of the Kansas City Southwest Clinical Society.

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# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL



Vol. XXXI

FORT SMITH, ARKANSAS, OCTOBER, 1934

No. 5

## ALLERGY: AN EVERYDAY PROBLEM

W. T. WOOTTON, M. D.  
Hot Springs National Park

To paraphrase Osler: "Know Allergy in all of its manifestations and you will know all diseases."

As long as we have been seeing urticaria, hay fever, asthma and other evidences of the wide variation that angio-neurotic edema may assume it is a little surprising that we ordinary, every-day practitioners have been so slow to accord allergy its rightful place as an imitator of various and sundry other conditions and as a meddler with symptoms in general. Instead, we have left it in the hands of the hay fever specialist.

That allergy ranks as one of the foremost considerations in making a diagnosis in most of our every-day routine work cannot be successfully denied. Whenever a case is not absolutely conclusive in its symptomatology; if laboratory and physical findings do not completely check; allergy should be considered and ruled out prior to further procedure. Very few differential diagnoses are complete without due consideration of an allergic influence.

I shall recite a few examples of its widely diversified nature in an attempt to show the practical, every-day necessity for keeping allergy constantly in mind when seeing your usual run of patients. It is my sole aim to strongly emphasize this necessity and in so doing I hope that my past failure to realize that allergy is not a condition to be relegated to the specialist but one to be dealt with in an every-day manner may keep someone else from falling into that same error. As I see it, allergy is to be suspected in all unusual cases. Generalizing I should say that allergic

tests will more often give positive information in routine studies than will basal metabolism, blood chemistry or Wasserman tests.

Whenever a family or personal history reveals asthma, hay fever or urticaria one should most certainly be on guard.

When a patient presents himself at your office and states he has tried all the skin specialists he has heard of and has not been relieved, it is not enough for you to say he has probably been eating something unsuited to him. It is up to you to determine what food is poison to that particular individual, as this may relieve his symptoms.

It might be well to also keep allergy in mind when reviewing that case which exhaustive medical or surgical attention has failed to completely relieve. Do not be content to hope that time will in some way overcome symptoms too obscure for you to cope with. At least eliminate any chance that you may be dealing with allergy before setting that patient adrift.

Allergy is a very definite condition subject to very practical application in diagnosis and treatment. Its simulation of so many well-defined diseases is apt to mislead us and keep its importance under-emphasized.

Case 1. Male, age 62. Luetic history extending back 40 years. Treatment had been quite sketchy or inadequate. Chief complaint, shooting pains in both legs. Worse some weeks than others with periods of freedom as long as two months. Blood and spinal fluid serology entirely negative, cell count normal. Neurological tests failed to locate a lesion. Other than the recurrent lancinating pains, this man's general health seemed exceptionally good. He came to Hot Springs believing his old boyhood trouble was in some way at the bottom of his discomfort. It was not hard to agree with him that such a possibility was tenable though all physical and laboratory findings denied such a condition. He underwent a very thorough course of antileptic treatment without abatement of symptoms. He was reminded that the river runs muddy for sometime after the rains cease.

This man returned a year later without change

\*Read before the Fifty-ninth Annual Session of the Arkansas Medical Society held in Little Rock, April 16-18, 1934.



in symptoms. The river was still muddy. In considering other causes for the persistent symptoms, allergy seemed a remote possibility but nevertheless he was put through the tests which revealed that he was sensitive to practically all sea foods and many fruits. Correcting his diet has relieved his pains for over two years.

Case II. A woman, age 42, who had been a sufferer from migraine for at least 15 years. In this instance allergy was the first causative agent suspected, although one of the best hospital clinics in the East had centered on a bacterial origin, resulting in innumerable sinus drainages without relief of symptoms.

Her attacks were so severe that her physician wrote that a half-grain dosage of morphia would be required at frequent intervals to produce any semblance of ease during an attack. This I had ample opportunity to verify.

She was found sensitive to twelve articles of food in her regular diet and also house dust. Correction of the latter was a problem, but oil mopping instead of sweeping practically answered the question. As long as she could or would stick strictly to her diet she would be free of migraine, but should she relax this vigilance through the misadventure of dining out and partake of a salad, vegetable, soup, croquette, hash or other food combination of unknown origin she would pay the price within 24 hours.

Case III. Young married woman, age 24, would suddenly be overwhelmed by a desire to vomit with little or no preceding nausea. Of course pregnancy was suspected though unsupported by other symptoms. When definitely ruled out as the cause, allergic tests revealed the excitant agents as unaccustomed articles of food being consumed in an effort to conform with her husband's household. Of course the neurotic element entered into the picture as "Particeps Criminis."

Case IV. A woman, age 28, wanted to take baths on general principles—which may also be a good reason for bathing. A herpetic and maculo-papular eruption was quite evident, marring an otherwise skin "you would love to touch." She said she considered her blemishes a part of "The Curse" as they were always worse at her "periods" but never quite left between times. She remarked that she had become resigned to her fate having used a carload of ointments without encouraging improvement and now no longer tried to do anything to cure it.

It was quite difficult to sell her on the allergic idea. However, since a very inconsequential change in her diet removed all outward evidence of "The Curse," she is trying to sell the idea to every pimply-faced young matron she knows.

Case V. An active, alert gentleman of 71 years could not dress himself due to so-called arthritis of several years standing. His pain was in his shoulders and elbows mostly, and in the knees and hips moderately. The vibration of the wheel in trying to drive his car caused agony. X-rays of the joints disclosed no bony or ligamentous change. Diligent search in several

of the best clinics in the North failed to reveal an infected focus that might be accused.

This man came out of a prominent sanatorium on a diet of milk, cheese, eggs, nuts, oranges and vegetables. I claim that is a good diet in any man's country, but it was rank poison to this one individual. He was four plus positive to the first five named articles and variously sensitive to more than fifty common articles of food. Eliminating these there remained a neat little problem in finding something for him to live on. After completely revolutionizing his epicurean existence, he became again comfortable, can dress himself and writes that he drives his car daily and is actively at his work as manager of a telephone corporation.

Case VI. This lady came in saying she only wanted bathing directions as she had already been through several clinics and they could find no infection to account for the neuritis in her arm. She inadvertently made some mention of her hay fever, which was a wonderful opening wedge in the matter of other allergic possibilities. Scratch tests in this instance revealed in food that which had been sought in tonsils and cervix.

A peculiar feature of this case, at least it so seemed to me, was that she had been treated seasonally in a hay fever clinic for several years and was thoroughly posted on pollens, yet had never had any tests for foods.

Case VII. A neurotic young matron, age 31, would have peculiar sensations or feelings after eating. She would become so irritable that at times she would almost lose self-control. As she expressed it "she would feel and act as mean as the devil." Breakfast was alright, but lunch and dinner almost invariably brought on tantrums. She said a number of surgeons had suggested exploratory abdominal operation as a means of determining the cause of her gastric and abdominal distress.

Believe it or not, her disposition underwent a complete though slow metamorphosis as the allergic foods were removed from her diet.

Case VIII. A lady nearing the eighties in years and 225 pounds in weight came in all hot and bothered because she could not rise from a sitting posture with ease or walk off until she stood for a few seconds to get the kinks out of her knees. In spite of the acknowledged age and evident weight, this lady was in all respects, desires and actions as young as if only half that age. X-ray again failed to reveal any change in or around the joints. There was considerable swelling, however.

Years ago she had been told to forego all red meats and substitute fish and fowl. Scratch tests showed that she was not in the least sensitive to any one of the red meats or bacteria but was four plus to chicken, duck, turkey and sea foods. Within ten days after correcting the diet to conform with her allergic tests the swelling had materially decreased. There was less impairment in motion, which has remained over a period of several months. She is not completely relieved but remarkably benefitted considering age and weight.



Case IX. A heavy-set gentleman who looked the picture of health and a lover of the "flesh pots," complained of recurrent gout in both great toes. This man had been for several years in a country where highly seasoned foods predominate. He had been warned against alcohol and red meats as the probable source of his gout. There were no tophi. Allergic tests showed that he was strongly sensitive to condiments—mustard, paprika, red and black peppers and sage. He was also four plus to chicken, clams, oysters, lobster and shrimp. He was not sensitive to any of the red meats.

It was joyous news to this man that he could again have his beef and beer, though the abstinence from highly seasoned foods was a real deprivation. However, when he found that by leaving them off he could get his shoes on, he no longer argued the point.

Case X. A young man, aged 36, with a general progressing scleroderma had had bacteria as the sole causative agent preached to him at a prominent clinic. He was treated with typhoid protein therapy without checking the onward progress of the disease. No focus of infection could be found.

He was found insensitive to bacteria but sensitive to a number of foods and emanations. He received absolutely no treatment other than the Hot Springs baths and a diet according with his sensitivity. At the end of the first week after this correction it was noted that there was no further progression, the first check in nine months. After the third week adrenalin was administered; intramuscularly at first, later by mouth. There has been a slow recession of the board-like areas for the past three months. This patient is still under observation.

Case XII. This case exemplifies the error of omission rather than commission. He came to me with a letter outlining his blood count, microscopic and chemical urinalysis, gastric analysis, blood sugar determination, urea nitrogen, uric acid content, blood serum calcium, basal metabolic rate, Wasserman tests of blood serum and spinal fluid, X-ray of gall bladder after dye, stomach and duodenal findings, X-ray of spine and other articulations.

This man has an arthritis of the lumbar spine, but the symptoms that annoy him and prevent him from attending to his business are referable to his abdominal tract, and directly related to the intake of food. His lips, hands and feet swell without apparent reason. He becomes extremely nervous, fidgety, and the more he fidgets the more he smokes.

No allergic tests had even been considered for this man during a very intensive study of his case. Yet he is sensitive to a long list of foods and is one of the few who is quite sensitive to tobacco.

In conclusion I think that you and I might profitably resolve that we will never send another patient to the operat-

ing table suffering with recurrent appendix attacks, peptic ulcer, gall bladder disease, renal colic or sinus trouble without first knowing that patient's allergic reaction.

I think we might go further and resolve to give all those rheumatic cases, especially those of hydrarthrosis which have had teeth, tonsils, gall bladder, cervix and other extirpations without relief from their rheumatic pains, the benefit of the doubt and test them for allergy.

Allergy is the mask worn at Diseases' Fancy Dress Ball. If you would know the guest, remove the mask.

#### DISCUSSION

ALAN G. CAZORT, Little Rock: I am glad to see this paper come from an internist. The chief interest in the paper to me lies in the wide variety of symptoms which it has covered. As Dr. Wootton is a man of wide experience, we can not say that here is just another allergist taking his exercise by jumping at conclusions. As soon as we can cease to think of an allergic individual as a case of hay fever or asthma, and think of him as a person who may have symptoms which we might expect to find from a swelling of the tissues of the body, particularly the epithelial tissues, we will then be in a better position to weigh the allergic factors in terms of the patient's complaints. The allergic reaction is a swelling. It may be anything from a slight weal on the skin to the involvement of whole systems. If it is in the skin, we call it urticaria; if in the nose, we call it hay fever; if in the bronchial tract, we call it asthma; if in the intestinal tract, we call it, "What have you?" Now, the severity of the symptoms may also, of course, be in any degree, and it is not at all unreasonable to me to see a wide variety of symptoms due to allergy or a lot of things the doctor mentioned which I haven't run into, at least, as primary complaints. I was interested in talking to him about this thing not very long ago. I just want to say that if the symptoms that the patient has could be due to swelling; if no other cause for the symptoms can be found, particularly if there is a suggestive family or personal history; then I think allergy is, at least, to be considered.

I envy Dr. Wootton's location at Hot Springs, where he can have a wide variety of chronic, incurable idiopathic diseases to study, and I hope this paper will stimulate further interest in that class of diseases because they are most interesting.

D. W. GOLDSTEIN, Fort Smith: Dr. Wootton touched on some of the points in my specialty, which is that of dermatology. Dr. Wootton's paper was well presented, and his cases were worked up. I wish to call attention to the thought of allergy in dermatology. First, you should take a complete history and often the history will



lead you to suspect an allergic condition, if present. But, first of all, you should make your dermatological diagnosis before you put a patient through a series of allergic tests.

I was very glad to have the doctor bring out the thought of a neurological disturbance in one case of his which, I think, was an angioneurotic edema, where he made his allergic tests and found positive signs. As to these angioneurotic edema cases, they come to you the next morning after extreme swelling during the night and tell you that they had fish, strawberries or something of the kind for dinner. They have diagnosed their case before consulting you. These chronic cases of angioneurotic edema are a source of trouble to all of us. After you go through with your food tests, you frequently fail to reach a conclusion.

I wish to call your attention to one cause that will help you to clear up your cases, and that is neurovascular instability. There may be something in the home life of the individual which causes this flare-up and edema of the skin. Another cause is chronic infection of the gall bladder, often cleared up by a gall bladder drainage.

DR. A. S. BUCHANAN, Prescott, Arkansas: Dr. Wootton's paper impressed me very much in that the subject, as presented, touched so many specialties in medicine. Even surgery came along for its share of errors in diagnosis. Dr. Cazort mentioned the different types, locations and causes for allergic conditions, which may effect the patient and there were so many of these that I am wondering if some of our mistaken diagnosis are not due to allergy, even in our surgical cases. In this connection, and to substantiate Dr. Wootton's contention that allergy plays an important role, I should like to mention one case.

A young married man of thirty came to me complaining of a transient eruption of the skin of the right side of the face. He was a traveling man and was away from home about half of the time. The condition would clear up when away from home but upon his return it would recur. After exhausting all my efforts and after he had consulted several of the best dermatologists of the state, we discovered that the cause of his trouble was hair dye used by his wife. Since she discontinued the use of this cosmetic the man has had no return of his face eruption.

Dr. Wootton's paper was very instructive and I am glad to have had the opportunity of hearing it.

DR. WOOTTON, in response: Gentlemen, I merely want to plead guilty to having picked out the most successful cases I could find on my case records. Do not believe that you are going to make a few scratches and have a relieved patient, because some of them are certainly going to be problems. And, although you may find them sensitive to certain articles of food, it isn't always a simple matter of cutting out a few articles here and there and curing the patient. It is a hard struggle, especially in the chronic cases.

## CHILDHOOD TUBERCULOSIS\*

A. A. BLAIR, M. D., F. A. C. P.

Fort Smith

In order to make a practical attack upon the dissemination of tuberculosis, we should start in early life to protect our youngsters from the ravages of this disease by applying our knowledge of certain facts pertaining to its control.

From what we know about childhood tuberculosis, the "contact child's" health is always endangered. The incidence of infection among infants varies with the opportunities for exposure. Myers (1) states that among groups with no known exposure as few as one or two per cent are found to be infected, but among groups with known histories of exposure, as many as fifty to seventy-five per cent may become infected. If the exposure continues, even one hundred per cent may be infected.

We speak of childhood tuberculosis as a disease resulting from first infection in the lung from the tubercle bacillus, regardless of age in life when it develops. When the tubercle bacillus finds lodgement in the lung parenchyma, an area of inflammation is set up, and soon the tracheo-bronchial lymph nodes are involved. The child's ability to cope with this infection determines largely what happens at this stage. Healing may readily take place, caseation and calcium deposit may shortly be found, entirely taking in this area of infection. If the child's environment is poor and continued exposure is permitted, the outcome may be disastrous. The graphic view of tuberculosis mortality by age shows two peaks; one for those under five, the other after age ten. Chadwick's (2) figures show the children under five a death rate of 32.9 per cent; from five to nine it drops to 10.2 per cent; from ten to fourteen 16.1 per cent; from fifteen to nineteen it rises to 71.8 per cent. It seems during the second five-year period of life the child develops some immunity which enables him to resist tuberculous infection to a considerable extent.

The immediate problem of supervision

\*Read before the Fifty-ninth Annual Session of the Arkansas Medical Society held in Little Rock, April 16-18, 1934.

is the severity and length of infection to which any infants in the household may have been exposed. There is evidence that even young infants may recover from lesions resulting from transitory severe exposure, or slight exposure lasting sev-

eral weeks. But in all cases, whether the lesion is large or small, even it be in the lung or lymph nodes, there is grave danger of a metastasis or dissemination of this infection to other important structures of the body, particularly the meninges. Precaution should be taken to prevent re-infection or additional infection to what may exist, and to keep the infant in the best possible living conditions, preferably in the mother's care, provided she is not the source of its infection and has the time, means and inclination to care properly for it.

Inasmuch as tuberculosis is largely a contact infection, every child in a household where a case exists should be rigidly examined for the presence of this disease and thus break contact at the earliest possible moment. There unquestionably exist many, many cases of active tuberculosis among school children, and scarcely little is being done about it, except in a few instances over widely scattered areas. I believe the state of Massachusetts has led the country in the investigation of tuberculosis in school children, and while much of our attention is centered upon the prevention and control of diphtheria, typhoid, scarlet fever, measles, etc., in the schools, our health authorities are giving little consideration to the detection and isolation of tuberculosis among children of school age. This is not an open criticism of health agencies, as it requires much time, equipment and expense to carry out a program of this kind, and many city and county health departments are barely existing on account of funds. I certainly want to urge you to assist the State Tuberculosis Association in every way possible to further this work in every rural and city school of the state. I dare say the average physician is not especially aroused to the tremendous prevalence of juvenile tuberculosis and necessity for its early recognition as a health measure.

The diagnosis of tuberculosis in children is seldom an easy matter. When symptoms are present in childhood they are of great importance. The first symptom may consist of slight fever, loss in weight, loss of energy and play spirit. One must never be misled by absence of symptoms. Frequently contact children are taken to a physician, and on account of absence of symptoms, and physical find-

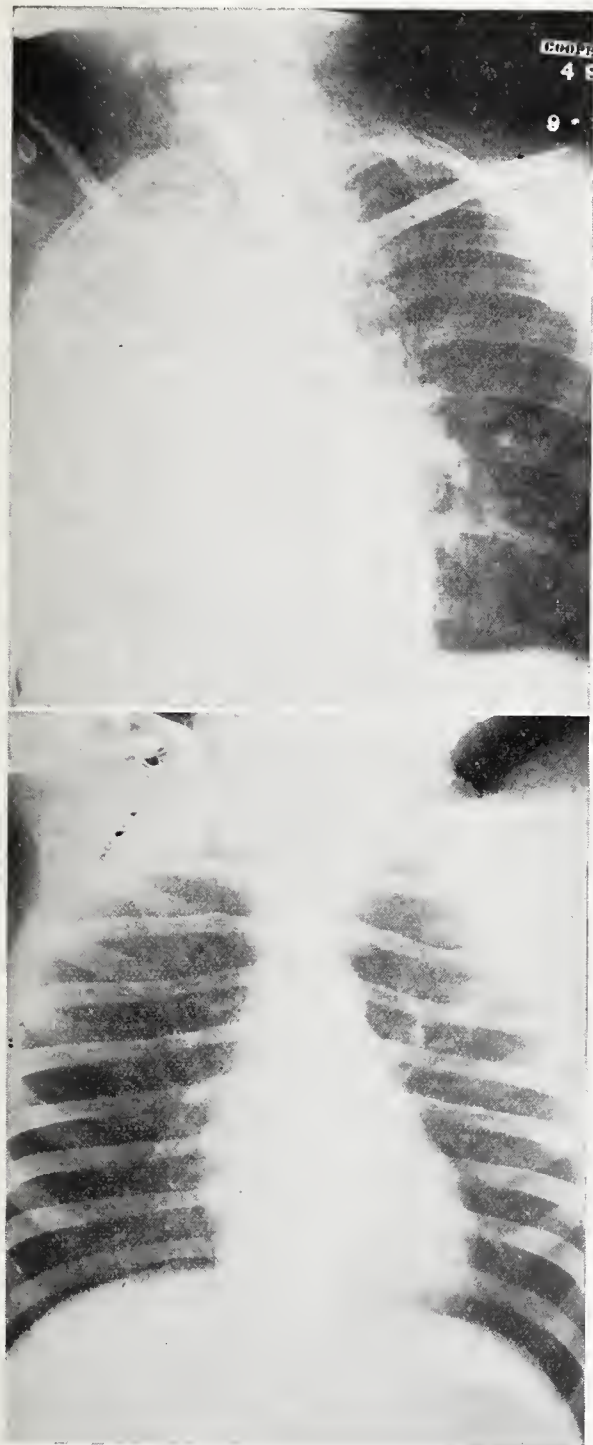


Fig. 1 (upper)—E. D. Lung abscess, post-tonsillectomy, with gangrene and rupture into the left pleural cavity, superimposed upon an old calcified childhood tuberculosis. Two plus positive Mantoux, C dilution.

Fig. 2 (lower)—E. J. E. female, age 10. Mantoux Dilution B, 3 plus positive. Calcifications of a previous right tracheo-bronchial childhood tuberculosis, with signs of calcification in similar areas on the left.



ings, the parents are told that tuberculosis does not exist. It has been repeatedly found and proven most conclusively that a child without a suggestion of a symptom may have an active tuberculous process of a progressive type.

In the search for tuberculosis in children the history of contact is the first procedure, though we should not be misled on account of not being able to obtain a positive history of contact, because many cases of tuberculosis in family adults have not been recognized and reported. So a child whose health status appears below par with no ascertainable cause found, should be regarded with suspicion. The second method of procedure in diagnosis is the tuberculin test, either the Pirquet or Mantoux. My use of the intracutaneous method of Mantoux in the past six years has led me to believe strongly in its accuracy and hypersensitiveness, and I prefer it as a method of choice. This test simply consists in the use of old tuberculin in dilution with normal saline in such proportions that dilution "A" contains 1 mgm. of tuberculin in .1 cc., dilution "B" .1 mgm. of tuberculin in .1 cc, and dilution "C" .01 mgm. in .1 cc. Twenty-five per cent phenol should be added as a preservative and these solutions should be made up fresh every ten days to two weeks.

The flexor surface of the forearm is selected, cleansed with alcohol, and a tuberculin syringe and a 26 gauge needle is used. .1 cc. of dilution "C" is used. Injection should be made intracutaneously and when finished should leave a blanched out elevated wheal. If no reaction appears in the way of an area of redness and edema in twenty-four to ninety-six hours, the test is repeated, using .1 cc. dilution "B". If no reaction occurs in twenty-four to ninety-six hours, the test is again repeated, using .1 cc. dilution "A". The interpretation of this means that if positive test is not obtained with either of the above dilutions, one may conclude that the child is not infected at that time. When a positive reaction does occur, it usually appears within twenty-four to forty-eight hours and consists of a deep red nodule, varying in size from one-half to one inch in diameter, with a surrounding halo of pinkness. This indicates the existence of tuberculosis. If a strong result is obtained, either a recent or active tuberculous infection is determined.

**Radiographic method:** Radiography is one of the most useful methods of diagnosis at our disposal, and every child showing a positive tuberculin test should be X-rayed. A negative radiograph, however, should not refute a diagnosis otherwise established. The lesions small in the parenchyma or hilum may cast no shadow on the film. Repeated check-up with the X-ray on the positive reactor is, I believe, imperative. The hilum alone or tracheo-bronchial nodes may show evidence of disease, the initial lesion being in some remote part of the body. If in the lung it may be obscured by the ribs, diaphragm or heart, and for this reason be difficult to detect. The tracheo-bronchial glands enlarged cannot always be demonstrated radiographically because of their position in the mediastinum where they are masked by the heart and large blood vessels. Again the interpretation of a chest film for tuberculosis in children should be left to those particularly skilled in radiographic diagnosis of juvenile tuberculosis. The thorough physical examination should always be conducted, even though it is frequently disappointing. Extensive involvement may give physical signs of an ordinary pneumonia. Smaller areas may give indefinite rales, with slight abnormal changes of breath sounds in the bases. If the tracheo-bronchial nodes are extensively enlarged, interscapular dullness may be elicited.

Laboratory methods consist in the ex-

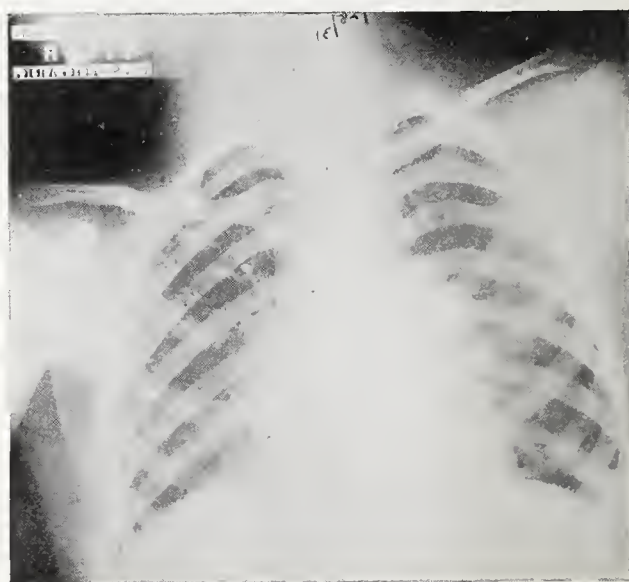


Fig. 3—F. S., male, age 7. Mantoux test 4 plus positive. Marked bilateral tracheo-bronchial and hilar childhood tuberculosis with parenchymal extension.

amination of feces. If acid fast organisms are found, guinea pig inoculations should be done. Aspiration of stomach contents to examine for tubercle bacilli is a worthy procedure.

Finally the diagnosis rests upon the history, laboratory, tuberculin test and X-ray. If the tuberculin test is positive and the X-ray shows positive findings, one is justified in making a diagnosis of childhood tuberculosis in the absence of any other evidence.

Thus we have a practical and reliable procedure for the diagnosis of tuberculosis in children. It should be carried out in all our schools and public institutions, particularly among children whose history of contact can be ascertained by the school nurse. We have done this on a part of our children in the Fort Smith schools and have shown some thirty-nine per cent recoveries on purely contact cases, a subsequent report of which we hope to give you later.

100 South 13th Street.

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#### DISCUSSION

J. D. RILEY, Booneville: I enjoyed Dr. Blair's paper. I think it is a very timely one, one which is very important to the Society. There is not a thing more important than the diagnosis of childhood tuberculosis. The diagnosis of childhood tuberculosis, as he said in his brief manner, and yet he covered the field, depends upon the history of contact and the tuberculin test, followed by an X-ray examination. The interpretation of the X-ray pictures in childhood tuberculosis is a very difficult matter. The picture most likely to be shown to you as childhood tuberculosis is one in which you can easily see it, where the child has to a great extent already passed through the stage of healing tuberculosis. Therefore, it behooves one trying to interpret an X-ray picture of childhood tuberculosis to look for the early Kahn tubercle which is not easily seen, which is not clearly outlined, which carries you almost to a negative X-ray picture; for it is then that your tuberculosis is beginning, it is then that it is active, and it is then that the child needs treatment for tuberculosis, more so than after calcification has taken place which indicates that there is quite a bit of healing.

I think his paper was very comprehensive and to the point and I think it one of the things that should be given consideration by the physicians of Arkansas. Future generations will see many people suffering from this disease because childhood tuberculosis is not diagnosed.

## THE RELATIONSHIP OF ALLERGY TO OTOLARYNGOLOGY

JOHN SHEA

Discussion by L. H. Lanier, Texarkana

I want to say that this paper was brought to us by a master in this work. I am very much interested in Dr. Shea mentioning migraine and its relationship to allergy, in view of the fact that I recently had a case that had responded nicely to treatment after finding what that patient was sensitive to and eliminating that by desensitization through diet. Before I moved to Texarkana I had a case of angioneurotic edema, the first case in which I ever received a one thousand dollar fee. Of course, I won't forget that. This gentleman had taken his wife to Dr. Sutton in Kansas City and to various specialists in Boston and New York, and they all had a habit of charging him a thousand dollar fee. None of them had been successful in curing her angioneurotic edema. I found through talking with her daughter that this lady was accustomed to dyeing her hair every few days. I found that she was using a walnut hair dye, a Rexall hair dye, and that is what she was sensitive to. I had her stop it and cured her angioneurotic edema, and this gentleman made good and gave me one thousand dollars.

In hay fever, my experience has shown that specific therapy should not be undertaken in the presence of pathologic conditions in the nose or accessory sinuses. It has not been proven that the removal of polyps or similar operations has cured hay fever patients, but it has been proven that such operations may be necessary if subsequent therapy is to be successful.

It is safe to say that the method of treating hay fever patients by early prophylactic injections of the indicated pollen extracts, combined with late and intensive injections of autogenous bacterial vaccines, offers the greatest therapeutic promise of any method so far advanced in the treatment of this disease. Pollen extracts alone and bacterial vaccines alone, while beneficial, do not seem to relieve so many patients as does the combined therapy.

It is well to remember that injections one year do not prevent attacks the suc-



ceeding year, but, in patients receiving treatment continued from year to year, there is a definite tendency for the hay fever symptoms to become progressively less severe.

I was greatly interested in Dr. Shea mentioning the nasal reflexes in their relationship to asthma, and I hope that he will dilate on that a little bit in his closing remarks.

Editorial Note—Through an oversight, the above discussion by Dr. Lanier was not published with Dr. Shea's paper in the September issue of *The Journal*. This is regretted and in justice to Dr. Lanier, his discussion is printed here with the apology of *The Journal*.

The first International Assembly of the Inter-State Postgraduate Medical Association of North America to be held east of the Alleghenies is to take place in the public auditorium of Philadelphia, Pennsylvania, November 5th, 6th, 7th, 8th and 9th, 1934, with pre-Assembly clinics on November 3rd, and post-Assembly clinics on November 10th in the Philadelphia Hospitals.

The Inter-State Postgraduate Medical Association was organized at Freeport, Illinois, September 26th, in 1916, primarily as a three-state organization (Illinois, Iowa and Wisconsin). Its rapid development as a postgraduate institution soon gave the organization a national and international reputation and it was found advisable for the best interest of the medical profession not to confine the membership to that of the three states, but to extend it and the work of the organization to that of the surrounding states and finally to that of the entire United States and Canada, and through its foreign department, different countries of the world.

The organization is purely a postgraduate medical association. It exercises no political nor legislative duties. Its object is to give to the medical profession the very latest and best there is to be had in medical science in the most practical and beneficial manner, therefore, it is the aim of the international assemblies to present to the profession the approved advancements of medical science and research, not unmindful of the practical side of medical study. To this end diagnostic clinics, orations, symposia and discussions are offered by the leading teachers and clinicians, most of whom are members of faculties or connected with the outstanding medical universities.

In the words of Dr. William J. Mayo, "The Inter-State Postgraduate Assembly is composed of the rank and file of the medical profession who are in good standing in their state or provincial societies. Its members are practitioners who come in direct contact with the people, and what they learn therefore has immediate application."

Through the combined efforts of the medical

profession of Philadelphia, which is noted for its high medical standing and great institutions of medical education, a stage is being set for a most wonderful medical assembly, which is bound to contribute a great deal of valuable scientific and clinical knowledge to the medical profession of North America. The program has been carefully arranged to meet the demands of the general practitioner, as well as the specialist. Extreme care has been given in the selection of the contributors and the subjects of their contributions.

The Philadelphia County Medical Society will be host to the assembly and has arranged an excellent list of committees that will function throughout the assembly. A most hearty invitation is extended to all members of the profession who are in good standing in their state or provincial societies, to be present and enjoy the hospitality of Philadelphia, "The City of Brotherly Love."

The aggressive and up-to-date Convention Bureau of Philadelphia is co-operating in every way.

## Correspondence

Elkins, Ark., September 4, 1934.

Editor, Journal of the Arkansas Medical Society,  
Dear Doctor:

I am quite interested in the article on page 66, of the September number of the Journal, "The Therapy of Malaria."

I came from Wisconsin to Arkansas some four years ago and was nonplussed with my first case of malaria. Malaria is rarely found in the northern states, and I had never seen a case before. And as the disease refused to respond to the quinine treatment I was about to declare myself mistaken in the diagnosis.

I discussed my case with the local druggist, W. O. Bedingfield, who said that he had a prescription left to him by the late Dr. Charles Swift, that worked miracles with malaria. Dr. Swift had obtained the prescription from a physician in Louisiana who practiced medicine among the bayous, marshes, bogs and other low water areas along the Mississippi river. The name of the Louisiana physician I could not learn, but here is his prescription:

R Quinine Bisulphatis	dr. ii
Tr. Ferri Chloridi	dr. v
Tr. Iodidi q. s.	oz. i
Misce.	
Sig. Fill a 00 capsule and take after each meal.	

Care must be taken in compounding the mixture as a CLEAR solution is imperative.

Needless to say my malaria case cleared immediately and I have used no other remedy with the numerous cases I have attended since.

As the ads say: "After one trial you will use no other."

Fraternally,

H. B. WENTZ, M. D.

# THE JOURNAL

OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council.

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

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Scientific Exhibit—F. H. Krock, Chairman, Fort Smith (1935); H. King Wade, Hot Springs National Park (1936); W. E. Gray, Jr., Little Rock (1937).

Arrangements—(Host Society 1935 meeting)—D. W. Goldstein, Chairman, C. S. Holt, J. A. Foltz, H. Moulton, M. E. Foster, W. G. Elberle, I. F. Jones.

Necrology—W. H. Mock, Chairman, Prairie Grove (1935); J. M. Lemons, Pine Bluff (1936); H. Moulton, Fort Smith (1937).

Auxiliary—L. J. Kosminsky, Chairman, Texarkana (1935); H. T. Wootton, Hot Springs National Park (1936); C. S. Holt, Fort Smith (1937).

Cancer Control—D. W. Goldstein, Chairman, Fort Smith (1937); R. L. Saxon, Little Rock (1936); L. A. Purifoy, El Dorado (1935).

## EDITORIALS

At the present time there are 1,002 physicians in good standing in the Arkansas Medical Society, a figure which compares favorably with the 880 of 1933; the 954 of 1932, and the 1,013 of 1931, but which appears discouraging when the 1,151 members of an early depression year, 1930, are considered. It would appear that reduction of dues is not *per se* sufficient inducement for the enrollment of all eligible physicians and that there are other factors involved in this loss of membership. There are as yet some thirty or forty physicians, members in 1933, whose 1934 dues have not been paid. Efforts in the state secretary's office to secure these dues have been unsuccessful and it would appear that the reinstatement of these members will of necessity be accomplished by time and effort on the part of their respective county society colleagues. It is to be hoped that such activity will result in order that as large a roster as possible may be published in the November issue of *The Journal*.

It must not be overlooked that dues from the present membership of 1,000 produces a revenue equal to that from but 600 members paying the constitutional assessment. A careful study of the roster leads to the impression that with the dues at the old level far more than this meager number would even now be in good standing, thus increasing the income of the society by forty per cent. The pressure of economic changes, in effect and proposed, requires active and unified opposition from all physicians and similarly increases the expenditures for the operation of the Society. It is felt that a return to the dues formerly in effect will be of definite advantage to the society, decreasing the present membership in but slight degree, while affording much more adequate funds for operation.

We are gratified with hearing from detail men, manufacturers and advertisers that members of the Arkansas Medical Society are expressing their preference for *Journal*-advertised products. Such good news has reached us from several sources lately. The influence of this support of our advertisers is far-reaching; loyal advertisers of years are induced to continue a profitable investment in space; new advertisers are added, and contacts are af-



forded for the successful solicitation of new accounts. If each member would confine his patronage to advertised products, other things being equal, maintenance of our advertising pages would be a simple task. Advertising is the means whereby this *Journal* is published; your hearty co-operation with these firms makes for a better, larger *Journal*. A comparison of the September, 1933, and September, 1934, issues is of interest. Thirteen pages of commercial advertising were carried in 1933; 17 in 1934. This gain of four pages, despite some losses, is most encouraging and accounts for a revenue gain of 33 1-3 per cent for the month. Other new advertisers appear with this issue. We are asking that you review the advertising pages, familiarize yourself with the products and services offered, and support our friends by word of mouth and patronage. An improved *Journal* will justify your action.

### Resolution

WHEREAS, Doctor J. Vance Ferguson was called by death at Rochester, Minnesota on the 8th day of July, 1934, after a long illness, and

WHEREAS, in the death of Doctor Ferguson, Union County and the State of Arkansas lost one of its most able and distinguished physicians and surgeons, and

WHEREAS, in the death of Doctor Ferguson, Union County lost one of its most able and respected citizens, and

WHEREAS, in the death of Doctor Ferguson, this Society has lost one of its most useful and beloved brothers,

NOW, THEREFORE, BE IT RESOLVED, that this Society manifests its regret of the loss of Doctor Ferguson by entering this resolution upon the minutes of this meeting, and that it expresses its sympathy to the surviving members of his family by sending a copy of this resolution to his father and mother.

UNION COUNTY MEDICAL SOCIETY,

L. A. PURIFOY, *President*.

F. L. IRBY, *Secretary*.

Resolutions Committee:

F. O. MAHONY, *Chairman*.

D. E. WHITE.

DAVID LEVINE.

### PAYMENTS BY ERA FOR MEDICAL SERVICES TO PERSONS ON RELIEF ROLLS

At a conference of the Advisory Committee from the Arkansas Medical Society to the Emergency Relief Administration with the Administration on September 13th, the following suggestions were adopted in an effort to create a co-operative and effective medical program:

It is suggested that a Governing Board be created in each county to serve with the County Administrator and Case Work Supervisor. Members of this committee are to be selected from organized medical societies. A report of cases and bills will be presented to this committee for approval or rejection. If a physician should indulge in irregular and unfair practices, he will be automatically dropped from the list of licensed competent physicians eligible for calls.

Case Work Supervisors will not make authorization for visits to a case of chronic illness for more than a period of two months, allowing one visit per week to the client. Acute illness will have authorization for not more than six visits. (If additional visits are required, special authorization in writing must be given through the Case Work Supervisor and the County Administrator.) Physicians not living in the city or town where headquarters of the Case Work Department is established may make calls in emergencies and request the authorization slips after the visit has been made. These requests will be honored only when clients are on relief rolls.

It is suggested that the Emergency Relief Administration solicit the co-operation of the State Board of Health in securing the services of the full-time and part-time County Health Officers and the assistance of the County Health and Emergency Relief Nurses in administering anti-rabic, smallpox, diphtheria and typhoid serums and vaccines, the local Relief Administration furnishing the necessary biologicals.

It is further suggested that the physicians co-operate in every way possible in attempting to control the expenditure of funds for medications and medical supplies. If a case requires castor oil, quinine, aspirin, or other common remedy, it is requested that a note signed by the physician be given the Case Work Supervisor who will then issue order for the medication from the Commissary. This will avert excessive expenditure incident to prescription filling of the more commonly used drugs, conservation of limited available funds being necessary.

It is the desire of the Emergency Relief Administration that reputable physicians throughout the state co-operate energetically and enthusiastically in the effort to provide medical service to needy clients. Adequate funds are not available to compensate physicians for full service. It is not within the meaning of this intention to pauperize clients by deviation from fees customarily charged, nor should publicity be given to

the adopted schedule of fees. Every precaution to avoid any misunderstanding between physicians and patients will be taken. The Emergency Relief Administration is only attempting to partially repay physicians of the state for services which they have been furnishing without fee of any kind.

The following fee schedule was placed in effect by the relief administration on September 14th:

Office Visits .....	\$ 1.00
Home Visits, day time, city limits .....	1.50
Home Visits, city limits (6 p. m. to 8 a. m.) (Authorized in emergencies only.)	3.00
Country calls, the same fee as town calls, plus a mileage allowance of twenty-five cents per mile, one way, with a limit of ten miles. For additional mileage the physician must have special authoriza- tion from county administrator and case work supervisor.	
General Anesthetic .....	5.00
X-ray Examination (emergencies only) One Exposure, \$2.00; two exposures .....	5.00
Obstetrical Cases .....	20.00
(Including at least 6 pre-natal exami- nations and 3 post-natal visits.)	
Major Surgery .....	35.00
(To include major fractures, as femur, pelvis, spine, humerus, etc.)	
Minor Surgery .....	\$5.00- 10.00
(Such minor surgery as abscesses, su- ture of small lacerations, etc. \$5.00.) (Tonsillectomy, removal of cyst, frac- tures of small bones of hands and feet, etc., \$10.00.)	
Fracture of the forearm .....	15.00
Laboratory (blood smear, urinalysis, etc.)	1.00
(Additional and necessary laboratory work may be authorized at a fee of one- half the usual rate.)	

A flat charge of fifty cents will apply for each additional person attended in the home in addition to the regular fee allowed for the call.

The Committee from the Society feels that this arrangement is a definite gain and feels that the interests of the members have been protected in its adoption. Attention is directed to certain phases of the agreement for emphasis:

1. The fee schedule is tentative and is subject to revision by either the Relief Administration or the Committee.
2. It is definitely understood that the fees represent a major reduction from those usually charged throughout the state and are so accepted by physicians as a contribution to the relief program for the needy. The schedule is tentatively adopted for the period of pending rehabilita-

tion of those persons on relief rolls and with completion of such rehabilitation, is obviously not in effect.

3. No publicity should be given these particular fees. The Relief Administration will co-operate in this by not advising the patient of the fee which is being paid for his medical attention. Physicians are urged not to discuss the fee with the patient.

4. Particular attention is directed to the fact that the relief administration will pay these fees only for medical attention to persons on relief rolls. Numbers of people in the state unable to pay for medical services are not on the relief rolls and hence payment for medical services to these will not be made by the relief administration. The authorization as furnished by the Case Work Supervisor is the physicians' guide in furnishing services under this plan. Attention rendered in the absence of an authoriaztion will infrequently be found to be service from which no payment will be received from the Relief Administration.

5. The rendering of medical services under this plan is a matter of individual decision with the physicians of Arkansas and is in no sense obligatory.

6. The Advisory Committee from the Arkansas Medical Society bespeaks the cordial co-operation of the members in carrying out the provisions of this agreement.

Coming Medical Meetings

- Kansas City Southwest Clinical Society, Kansas City, October 1st to 4th.
- Second Councilor District Medical Society, Batesville, October 8th.
- Leo N. Levi Memorial Hospital Clinical Conference, Hot Springs National Park, October 11th.
- Fifth Councilor District Medical Society, Camden, October 11th.
- American College of Surgeons, Boston, October 15th to 19th.
- Oklahoma City Clinical Society, Oklahoma City, October 29th to November 1st.
- Inter-State Post Graduate Medical Association of North America, Philadelphia, November 5th to 9th.
- Southern Medical Association, San Antonio, November 13th to 16th.
- Radiological Society of North America, Memphis, December 3rd to 7th.
- Dallas Southern Clinical Society, Dallas, March 18th to 25th, 1935.



## Proceedings of Societies

The Conway-Pope-Yell County Medical Society met at Russellville in dinner session on August 9th. Speakers on the scientific program were: L. Gardner, Russellville, "The Chronic Discharging Ear," and Walter Cale, Atkins, "Blood Stream Infection."

The Tri-County Clinical Society met at Hope on August 30th for the following program:

Malignancy of the Oral Cavity—G. F. Jackson, Little Rock.

Renal and Ureteral Calculi—G. G. Garrett, Shreveport.

Infections of the Kidney — Wm. Hibbits, Texarkana.

Marginal Anesthesia—W. P. Lambert, Shreveport.

C. K. TOWNSEND, *Secretary*.

The Sebastian County Medical Society met in dinner session September 11th with the Muskogee (Oklahoma) County Medical Society as guests. The following program was presented by guest speakers:

Dehydration—F. W. Ewing.

Diagnosis and Treatment of Extrauterine Pregnancy—I. B. Oldham.

Vesical Neck Resection—E. H. Fite.

J. W. AMIS, *Secretary*.

The staffs of the Leo N. Levi Memorial Hospital and the Charles Steinberg Clinic will hold their fourth Clinical Conference on Thursday, October 11.

Guest speakers will be Dr. George R. Livermore, Professor of Urology, University of Tennessee and immediate past president of the American Urological Association; and Colonel W. B. Meister, Chief of the Medical Service, Army and Navy General Hospital, Hot Springs National Park.

The conference, as conducted last year, will consist of lectures, demonstrations, and clinics on medical and surgical subjects, the material of which will be so selected as to be of especial interest to the general practitioner. Members of the staffs will present cases and clinical reports, instead of reading papers. The lec-

tures and demonstrations will be concise, and exactly to the point.

The conference will begin promptly at nine o'clock on Thursday, October 11 and will close Thursday evening with an informal dinner at the Arlington Hotel, at which time Dr. Livermore will present his subject.

No registration fee will be charged.

Twenty-five members of the faculty of the University of Tennessee Medical School were guests of honor at a barbecue given by the Mississippi County Medical Society at Blytheville, September 14. The reunion was attended by approximately 150 physicians, many of whom were former students at the school. The following program was presented:

Reminiscences of the University During the Past 40 Years—B. F. Turner.

The Importance of Alumni Associations—O. W. Hyman.

Connections Between the Old and the New Universities—J. B. McElroy.

Memorial to W. B. Rogers—Battle Malone.

Pleasant Associations With the Teaching Staff—J. A. Crisler.

Tribute to Deceased Faculty Members—J. L. Andrews.

Old and New Methods of Teaching Anatomy—E. E. Francis.

Practical Jokes on Myself—E. M. Holder.

F. D. SMITH, *Secretary*.

Specialists in the study of child nutrition have been quick to recognize the value of milk as the mainstay of the child's diet.

"But what," asks the frantic mother of a youngster who dislikes milk, "can I do to make my child eagerly want that which he now rebels against?"

Today the doctor who is confronted with this query can solve this age-old problem by the helpful advice to mix Cocomalt with the milk. For by the simple addition of Cocomalt, milk not only becomes a delicious chocolate flavor drink—but its food-energy value is practically doubled. Cocomalt in milk provides extra proteins, carbohydrates and minerals (food-calcium and food-phosphorus). It is also a rich source of Vitamin D.

Thus Cocomalt not only induces youngsters to drink all the milk they require—it provides extra food-energy value as well and a rich supply of Vitamin D.

## Personal and News Items

Dr. E. F. Ellis, Fayetteville, entertained at an unique birthday celebration August 20th at his home. His guests were all physicians who have been in active practice for over fifty years; Drs. H. D. Wood, Fayetteville; E. G. McCormick, Prairie Grove; A. S. Gregg, Fayetteville; and W. J. Curry, Rogers.

Dewell Gann, Jr., has been appointed Contributing Editor to *The Mississippi Doctor*.

After 42 years of active practice in Little Rock, Dr. Francis Vinsonhaler retired on September first in order that he might devote his full time to his duties as Dean of the Medical School of the University of Arkansas. Dr. K. W. Cosgrove, his associate for seven years, will carry on the practice.

C. C. Bass, New Orleans, addressed the August meeting of the Washington County Medical Society.

E. D. McKnight, Brinkley, attended the meeting of the American Railway Surgeon's Association in Chicago during August and then spent a vacation in Alaska.

Martin C. Hawkins, Searcy, spent three weeks in post-graduate study at the Mayo Clinic during August.

Joe Rushton, formerly of Shreveport, has located in Magnolia and will be associated with the Magnolia Sanitarium.

"Seventy-Four Medical Facts Worth Knowing," by A. S. Buchanan, Prescott, appears in the August issue of *The Tri-State Medical Journal*.

M. F. Lautmann has returned to Hot Springs from a summer spent in the East. Dr. Lautmann appeared on the program of the American Congress of Physical Therapy September 10th discussing the paper of Drs. Kovacs of New York on "Newer Aspects of Iontophoresis in the Treatment of Arthritis and Circulatory Disturbances."

The following attended medical reserve officer camps during the summer training period: Alan A. Gilbert, Fayetteville; Sloan McKinney, Little Rock, and Charles H. Reagan, Marked Tree.

"Compression Fractures of Vertebral Bodies" by Val Parmley, appears in the September issue of *The American Journal of Surgery*.

J. T. Powell, Gravette, was host to the Benton County Medical Society at a banquet session August 16th.

J. H. Lamb, Paragould, addressed the Greene County Medical Society September 13th on "The Modern Methods of Treatment of Pneumonia."

## Obituary

WILLIAM H. McKIE, aged 54, died at Wynne on August 31st. He was born at Vandalia June 13, 1880, and attended Hendrix College, the University of Arkansas and the University of Tennessee Medical School. He had practiced in Cross County for 30 years. He is survived by his wife, his father, Dr. J. D. McKie, of Wynne, a son and a daughter.

WILLIAM C. MOBLEY, Blue Mountain, died July 6th, 1934, at the age of 76. He was born January 15, 1858, in Tennessee but had lived in Arkansas for all but two years of his life. He graduated from the Missouri School of Medicine in 1886 and had practiced at Riley and Blue Mountain. He is survived by his wife, two daughters and eight sons, of whom two are physicians, Drs. H. E. Mobley, Morrilton, and A. L. Mobley, Albuquerque, N. M.

G. I. JACKSON, aged 58, died at Everton, September 13th. He had practiced in Boone County for 32 years, the last several years at Harrison. He is survived by his wife; two sons, Drs. Ulys Jackson and Lloyd Jackson, his associates in practice, and three daughters.



## WOMAN'S AUXILIARY PAGE



**MRS. WILLIAM HIBBITTS, Texarkana,**  
President, Woman's Auxiliary to the Arkansas  
Medical Society 1934-1935.

Mrs. William Hibbitts, Texarkana, tenth president of the Arkansas Medical Auxiliary was born in Texarkana. Before her marriage she was Katherine McCartney, and is a descendant of a long line of distinguished physicians. She attended the public schools in Texarkana, then went to Saint Mary's College, Dallas, where she graduated. After this Mrs. Hibbitts spent three years at the New England Conservatory, Boston, where she specialized in organ and piano.

Mrs. Hibbitts has served as president of the Bowie-Miller County Auxiliary and as parliamentarian and vice-president of the Arkansas Auxiliary. As the Texarkana Auxiliary works in both Texas and Arkansas she has served as vice-president of the Texas Auxiliary, and has twice been the president of the Northeast Texas Auxiliary.

Mrs. Hibbitts has many other interests, having served the Presbyterian church for many years as organist and choir director, is a member of the Junior League, the Garden Club, and is president of the Texarkana Community Council of Girl Scouts. For the past two years she

has served the women's division of the Community Chest, and is vice-president of the Hotel McCartney Company. Her special interest is music and she is a member of the Arkansas Chapter of the American Guild of Organists. Each year she gives an organ recital in Texarkana.

Mrs. Hibbitts' husband, son and daughter are very much interested in all her activities and she says that it is only with their help and co-operation that she can accomplish so much.

Dear Auxiliary Members:

The long, hot summer days are behind us, and I hope that with the coming of cooler weather you will all have a renewed interest in your Auxiliary work. There is so much to be accomplished this year, and there are only seven months before our annual meeting.

This year we hope to stress public relations, physical examinations for every doctor's wife, and self-education.

I hope that each Auxiliary will have at least one public relations meeting this year in order that your community may have the opportunity to hear a well-informed speaker talk on some health subject. Everyone is interested in health for themselves and their community, and I am sure that the public will welcome such a meeting sponsored by your Auxiliary.

I do hope that each of you are keeping in contact with all local organizations who have health and educational programs. Be prepared and willing to assume leadership in such programs in order that they may be directed along the lines our doctors advocate.

In order that we may help others with their health problems, we must first be well informed ourselves. Read *Hygeia* and have programs prepared from some of the health pamphlets which the American Medical Association approves. Study about some of the various problems which are confronting the medical profession. Be prepared to uphold the ideals of your husband's profession!

While we are helping others, do not forget to help yourself. A physical examination will be of great benefit to you. Go at least half-way to meet your health problem, and you will be richly rewarded by knowing the true condition of your body.

I am ready and willing at all times to serve you. If you will only call on me, I shall do my best to help you with any Auxiliary problem.

MRS. WILLIAM HIBBITTS, *President.*

The Woman's Auxiliary to the Arkansas Medical Society mourns the death of Mrs. R. R. Kirkpatrick, our State Auxiliary Treasurer, which occurred in Texarkana on July 20th.

We have suffered the loss of a member whose rare ability and charming personality endeared her to every one who knew her.

Our heartfelt sympathy to her bereaved family and to the Bowie and Miller County Auxiliary.



## Book Reviews

**Surgery of a General Practice.** By Arthur E. Hertzler, M. D., and Victor E. Chesky, M. D. With 472 illustrations. St. Louis. The C. V. Mosby Company. 1934. Price \$10.00.

This book is based upon the last edition of the author's *Minor Surgery* published in 1930. Some chapters, as that on bandaging, have been curtailed to make room for needed additions, and the whole has been enriched with some 472 technically excellent illustrations. The plea is made for the return of the general practitioner as a means of warding off state medicine, by making available to him relatively simple procedures formerly associated with elaborate hospitalization, multiple assistants, and high cost of medical care.

The material is taken up under three parts, namely: special surgery, regional surgery and general surgical therapeutics. In each instance one method is presented which the authors have found to be practicable, together with a few simple diagnostic points making for the recognition of lesions in their beginnings rather than after becoming so extensive as to demand heroic procedures.

This book should make a special appeal to the interne and embryo practitioner of medicine, offering as it does a transition from the marble halls of theory to the stern realities of practical application. On the other hand, the wealth of information makes it an invaluable reference for the general practitioner as well as the surgeon. The authors' treatment of sciatica, for instance, should prove popular to those so frequently called upon to treat this *bête noir* of medicine.

Above all the work is written in the inimitable "Hertzlerian" style, making it very readable as well as enjoyable.—F. H. K.

**Materia Medica, Pharmacology and Therapeutics.** By Walter A. Bastedo, M. D., Sc. D., F. A. C. P. Assistant Clinical Professor of Medicine, Columbia University. Consulting Physician, St. Luke's Hospital, New York, St. Vincent's Hospital, Staten Island and the Staten Island Hospital. President, United States Pharmacopoeial Convention 1930-1940. Member of the Revision

Committee U. S. Pharmacopeia. Pp. 739. Price \$6.50. W. B. Saunders and Company, 1932.

This volume not only deals with the pharmacologic action of the various drugs in a most complete manner but also takes up their chemical structure and *mode* of action. Besides its completeness in discussing the qualities and actions of the various drugs, it also treats of the physiology of the body in its entirety and correlates this physiologic function with the pharmacological action of the drug thus giving the *why* of the use of the drug and not merely advising the use of the drug as is so often done.

In each section after the physiology of the part has been explained and discussed in detail, both from a normal and abnormal point of view, the action of the various drugs on this part is discussed and the dosage and indications for the use of the drug given. Supplementary treatment and alternatives are also treated at length.

This book is complete in its scope, logically and completely indexed. It should be a valuable addition to any medical library.—T. P. F.

**Infant Nutrition.** By W. McKim Marriott, M. D., Professor of Pediatrics, Washington University School of Medicine, Saint Louis. Pp. 350 with 50 illustrations. Price \$5.50. Saint Louis: C. V. Mosby Company, 1933.

Here one finds a truly scientific discussion of infant feeding debunked of fadism and folklore. The author discusses just enough of physiology to cover known facts of digestion, leaving theories for the larger books. The modifying of cow's milk for the bottle fed normal baby, with the sugar additions are most plainly explained. The much needed emphasis of the longer time interval is well stated. The supposed marvelous advantages of special infant foods and individual "brands" are well handled and placed where they have long rightfully belonged. Special feedings for special diseases and the reasons therefor are clearly stated.

Both student and practitioner can here find, in a brief, concise and practical form just what he needs, without wading through a mass of theory and quotation, at the same time knowing full well that the decision reached is the result of the many and vast experiences of a great clinician and teacher.—S. J. W.

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# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL



Vol. XXXI

FORT SMITH, ARKANSAS, NOVEMBER, 1934

No. 6

## CORONARY THROMBOSIS\*

ROY I. MILLARD, M. D.

Dardanelle

Coronary Thrombosis is the term usually employed to designate occlusion of one or more branches of the coronary arteries. Embolism is rarely a factor, the usual condition being the formation of a thrombus at the site of an atheroma.

The disease is most commonly found in the fifth decade, males being more frequently affected, about nine to one. It was formerly believed that tobacco, alcohol, occupation, and social status were important factors in the production of coronary occlusion, but more recent observations indicate that the importance of these has been overestimated. However, arteriosclerosis is the principal predisposing factor. More or less coronary sclerosis may be present without marked generalized "hardening of the arteries," just as the renal vessels, or the cerebral, may be the seat of marked arteriosclerosis without demonstrable atheromata in the peripheral vessels. The precipitating causes of an attack may be undue physical or emotional strain or dietary indiscretion.

The pathology is that of coronary sclerosis and infarction in the area of heart muscle supplied by the occluded vessel. The infarcted area varies according to the size of the affected artery. There may be numerous small patches in which scar tissue has replaced the muscle or there may be large soft areas, an aneurysm, or even a rupture of the heart muscle. Contrary to former belief not all coronary arteries are terminal branches, hence some collateral circulation may soon be established, the extent of necrosis varying in inverse proportion to the amount of collateral circu-

lation. There is an anatomical narrowing in the anterior branch of the left coronary artery, making this a common location for the formation of a thrombus. The area of softening assumes the form of a pyramid with the base toward the apex of the heart, and the greatest softening near the endocardium. A sterile fibrinous pericarditis is associated.

The onset of an attack of coronary occlusion is usually sudden. The patient is often a man between 50 and 60 who has always been active and in good health. He may give a history of some previous mild attacks of "indigestion," but he states that he has never had a pain like this. The attack may come on after a full meal or during sound sleep. The pain is severe and agonizing, and may be stabbing, burrowing, or gripping in character. It is often so severe that it is not relieved by one half-grain of morphine. It may be in the epigastrium, in the region of the heart, or deep beneath the sternum. It may be confined to one spot, or it may be referred to the right or left shoulder or both. There is a profound sense of apprehension and often a tingling sensation along the left arm and even in the fingers. Shock is pronounced and is manifested by great prostration, fall in blood pressure, and a cold, clammy skin. The patient appears desperately ill, is restless, tosses about and thinks he is going to die. The face is pinched and drawn, and there is a peculiar, ashy-gray appearance of the skin. Breathing is labored and often of the Cheyne-Stokes type, and there is cyanosis of the lips and fingers.

Examination at this time may not reveal enough cardiac signs to account for the desperate symptoms. The pulse may be slow, and, if seen early in the attack, the blood pressure may not have fallen as much as it will later. The heart sounds have a feeble far-away sound, and there may be a slight gallop rhythm. However,

\*—Read before the Fifty-ninth annual session of the Arkansas Medical Society held at Little Rock April 16-18, 1934.



signs of myocardial infarction and resulting insufficiency develop if the patient survives for 6 to 10 hours. There is fever 99 to 101 and leukocytosis between 10,000 and 20,000. The pulse becomes rapid and often irregular, and the blood pressure drops rapidly, sometimes to an alarming figure. Passive congestion is manifested by rales in the bases of the lungs, albuminuria, hepatic enlargement, and slight subcutaneous edema. At this time a slight to and fro pericardial friction rub may be heard, and is almost pathognomonic, although its absence does not mean that there is no occlusion. Gastrointestinal symptoms, nausea, vomiting, diarrhea, abdominal distention, are often prominent, and may mislead the physician or surgeon into a diagnosis of an acute upper abdominal surgical emergency.

Clinically the patient will fall into one of three groups. In the first group death is instantaneous or occurs in a few minutes or a few hours at most. It was formerly believed that all cases of coronary thrombosis were of this type. In the second group are found patients who survive the initial attack for several hours, days or weeks, and then die from ruptured cardiac aneurysm or myocardial insufficiency. In these cases the pain continues, the pulse is rapid, the blood pressure continues low, cyanosis increases, passive congestion becomes marked and the heart muscle fails to respond to digitalis or any other therapy. The third group comprises those cases who recover and are able to live restricted lives for variable periods of time.

Coronary thrombosis should be suspected in any man past 40 or 45 who has a sudden attack of pain in the chest or epigastrium, with a sense of constriction. Aids in diagnosis are severe pain, apprehension, dyspnea, shock, anxious facies, mild fever and leukocytosis, and a drop in blood pressure. The electro-cardiogram is of value in a doubtful case, as is the X-ray. Zadek has pointed out that in over 50 per cent of cases there is a characteristic bulging along the left ventricle in the roentgenogram. However, it should be borne in mind that, although these procedures may be of value in some doubtful cases, the majority of cases of coronary

occlusion are acutely sick, and should be diagnosed and treated where they are found.

The clinician must differentiate angina pectoris, valvular heart disease, luetic aortitis, and acute abdominal accidents. In angina pectoris the pain comes on suddenly, but usually after effort, is of the same violent, agonizing type, and is associated with the same sense of impending disaster. However, there is no dyspnea and cyanosis, and the blood pressure often rises. The attack is usually relieved by rest and the nitrites, and increased effort may precipitate another attack. On the other hand, rest, the nitrites, and sometimes even morphine in large doses fail to relieve the patient with occlusion. Not infrequently attacks of thrombosis are preceded by several years of angina pectoris. The change is recognized by the fact that the attacks come on without effort, even while lying in bed, last longer, are accompanied by dyspnea and cyanosis and are not relieved by measures which usually relieve angina pectoris. Valvular heart disease and leutic aortitis often occur at a somewhat younger age, may give a rheumatic or leutic history, and do not produce the severe, agonizing pain so characteristic of occlusion. Physical examination will reveal these two conditions. Perforated gall bladder or peptic ulcer, gall stone colic, or acute pancreatitis may simulate coronary thrombosis, as any of these conditions may produce pain in the epigastrium or near the ensiform process, nausea, vomiting, upper abdominal rigidity, and collapse. The history should be minutely complete in regard to symptoms preceding any of these surgical emergencies, and may shed some light. Particular attention should be paid to a history of breathlessness or of shooting pains in the chest. The abdominal rigidity often found in coronary thrombosis may be differentiated from that associated with peritoneal irritation by the fact that in the latter the patient breathes only with the upper thoracic muscles, limiting motion of the lower part of the thorax as much as possible, while in the former condition the desperate need for oxygen calls into play every possible respiratory effort, and the excursions of the lower portion of the thorax are wide. A careful examination

of the bases of the lungs posteriorly will often reveal rales very early and thus point to thrombosis with accompanying myocardial damage.

The outlook for one who has been the victim of an attack of coronary thrombosis is very uncertain. This disease is common among physicians and this very uncertainty and dread is one of the most unpleasant features of the disease. He may recover from a severe attack only to succumb shortly to what at first appears to be a mild attack. He may live a restricted life for several years, and die from some other cause, or recover sufficiently to lead fairly active life for a number of years. The age of onset does not materially influence the outlook.

As soon as the patient is seen and the condition suspected he should receive one half-grain of morphine. This may be repeated in a half hour if necessary. This may be a life-saving procedure. Certainly it lessens the pain and to a certain extent allays the apprehension of the patient. It is also of great value in counteracting shock. The patient must be kept absolutely in bed under the care of a competent nurse. A lightly filled ice cap on the precordium may be comforting, but if the patient objects it should be removed. Everything possible should be done to keep the sufferer mentally and physically at rest. Small enemata are preferable to any laxative for the constipation that is likely to be present.

As soon as possible after the onset of an attack the patient should receive .12 grams of aminophyllin in 10 cc. of distilled water intravenously. Warnings have been issued against the use of this or any other vaso-dilator in the presence of low blood pressure. The writer has given .24 grams, carefully recording the pressure before, during, immediately after, and one hour after the administration, in a number of injections, with the pressure, in various patients, ranging from 90 to 160 systolic, and has not noted any appreciable fall in the pressure that could be attributed to the drug. On the other hand the patient immediately experiences a sensation of warmth, seems to feel relaxed, and is able to breathe more freely because the terrible sense of constriction in the

chest is relieved. This drug is especially appreciated by those patients whose pain is not relieved by morphine, the cases of so-called status anginosus. Aminophyllin should be administered very slowly and the patient told that he will probably feel a flushing of the skin. The dose of .12 to .24 grams should be repeated every 4 to 12 hours, depending upon the response. It acts as a potent vaso-dilator on renal and coronary vessels, producing a needed diuresis, and perhaps improves the coronary circulation, thus relieving to a certain extent the myocardial anoxemia, which is thought to be a big factor in the production of pain.

This preparation may be given intramuscularly, .24 to .48 grams in 2 cc. of water, but its action is slower and it produces a great deal of local pain and soreness. It is also available in tablets and suppositories. Thus it may be used after the emergency has passed if there still seems to be some need of further vaso-dilation. However, it is in the emergency that this drug is of most value, and the continued exhibition of so potent a vaso-dilator is open to question.

Absolute rest in bed should be insisted upon for a variable length of time, depending upon the clinical condition. No hard and fast rule can be laid down in regard to the length of time in bed after the patient begins to feel relieved. Six weeks has often been mentioned, and probably no case should be up in less time, but some will require much longer. Activity should be resumed very cautiously, for the test of function will give more information in regard to the condition of the myocardium than any clinical or laboratory procedure.

As soon as possible the patient should be digitalized. This procedure is the best protection against the almost inevitable passive congestion. Some investigators have condemned the use of digitalis in the presence of coronary sclerosis, stating that it increases coronary constriction. However, O. Muller and his associates showed that this is a toxic effect of digitalis and that in physiologic doses it actually increases coronary circulation. This drug, in maintenance doses, should be continued until the damaged myocardium has re-



turned as nearly as possible to normal. The only actual contra-indications to its use are idiosyncrasy and those rare cases in which the lesion is so situated that a partial heart block is produced.

In cases of extreme ventricular tachycardia large doses of quinidine sulphate, .6 to one gram every 4 to 6 hours, may be life saving. During the administration of this drug the patient must be watched very carefully, although there is less danger in this type of case than in old fibrillating hearts.

In cases of extreme prostration "Symnatol," a derivative of adrenalin, more prolonged in action, and less toxic, is recommended by M. Hochrrein. Caffeine sodio-benzoate and the application of external heat are often indicated. The accompanying nausea is sometimes a very distressing symptom, not being relieved by vomiting. Gastric lavage is absolutely contra-indicated. Alcohol-sugar mixtures probably do more to relieve this condition than any other measure. These are best given as one ounce of equal parts of aromatic elixir and grain alcohol in cracked ice every hour until relieved. Harlow Brooks believes that our former position in regard to alcohol in some forms of heart disease was based on a misconception, and that instead of being harmful it may be of distinct benefit in coronary heart disease.

The well known danger of coronary attacks in the hypoglycemia sometimes associated with insulin administration has suggested the use of intravenous glucose, especially in the convalescent stage. This seems to improve the nourishment of the myocardium, and is best given in 10 to 20 cc. doses of the 50 per cent solution, repeating every few hours to two days according to the judgment of the clinician.

While considerable space has been devoted to drugs that are of value in the treatment of this distressing disease, it must be borne in mind that they do not form the most important part of the therapeutic regime. Absolute rest and quiet over a long period of time are essential. Pain and shock must be controlled by the use of morphine and external heat. After convalescence has been established the patient's diet and activities should be super-

vised. A soft, nourishing, easily digestible diet with plenty of carbohydrate is indicated. Work and play are to be regulated according to the efficiency of the myocardium. Prolonged periods of work, especially with mental concentration, nervous tension, and emotional upsets should be guarded against. Frequent vacations should be advised. Obesity should be controlled. Foci of infection should receive proper attention. If the patient is diabetic insulin should be administered very cautiously.

The man who has been the victim of an attack of coronary thrombosis should learn to avoid excesses in work, play, eating, nicotine, caffeine, and alcohol. If the individual has been an habitual user of tobacco, coffee or tea, and alcohol these should not be entirely excluded, but the patient should be taught the importance of moderation.

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#### ABSTRACT

Exner, Max J. The Darkfield Diagnosis of Early Syphilis. *Med. Times and Long Island Med. Jour.*, Aug. 1934, 62, 233-234.

Early diagnosis and treatment of syphilis offers the greatest chance for its arrest or cure in the shortest time and for preventing the development of any of the serious consequences of the disease. The blood test does not serve at a time when the diagnosis is of greatest advantage. The darkfield is the only certain method of diagnosis in the sero-negative stage, a method whose application has been greatly limited by the necessity of sending the patient to the laboratory for the examination.

Studies made by the Department of Health of Ontario have demonstrated the feasibility of transmitting to the laboratory by mail specimens suitable for darkfield examination and this service has now been available to the physicians of New York state for two years. The essential equipment consists of two or three capillary tubes for gathering and holding the fluid; a vial of half and half mixture of vaseline and beeswax or paraffin for sealing the ends of the tubes; a glass tube for holding the capillary tubes; and a mailing container. The method is to cleanse and dry the lesion, abrade its surface with a gauze sponge, and to collect the exuded serum in the capillary tubes, which are then sealed and mailed to the laboratory. While simple, the technic must be followed with exactness.

The extreme importance of diagnosis of syphilis in the early, or sero-negative stage, suggests the urgency of a wider adoption of this darkfield service.

ACUTE ENCEPHALOMYELITIS FOLLOWING VACCINATION AGAINST SMALL-POX: CASE REPORT WITH A REVIEW OF THE LITERATURE\*

BY WALTER G. KLUGH, M. D.

and

LEON E. KING, M. D.

From the Department of Pediatrics,  
The Leo N. Levi Memorial Hospital,  
Hot Springs National Park, Ark.

With rare exceptions, nearly all reported cases of acute cerebro-spinal disease complicating anti-smallpox vaccinations have presented such clinical and pathological-nervous manifestations as to lead observers to designate these complications by the term of acute encephalitis. Such terms as Menigo-encephalitis Syndrome, Myelitis, (Spinal Meningomyelitis) and Acute Disseminated Myelitis have also been used to designate the rarer forms of complications following anti-smallpox vaccinations. We chose the term Acute Encephalomyelitis as most suitable to express the various clinical nervous manifestations presented by the following case:

CASE REPORT

**HISTORY:** L. M., a white female child, aged 6 years, was admitted to the pediatric service of the hospital on February 3, 1933. She was vaccinated for the first time by the County Nurse on January 20, 1933. The usual accepted vaccination procedure was used. During the next eleven days the patient apparently did not show any signs of illness except that the reaction to vaccination was so severe that she complained of some soreness of her arm, and there was elevation of temperature. Prior to her present illness she had been quite well, except for an occasional light cold, and there was a history of the child having been exposed to dampness the day following vaccination. Her past history was essentially negative. On January 31, 1933, eleven days following vaccination, the patient became ill, vomited, and complained of aching in her back and legs. The temperature was then subnormal. The following day she developed pyrexia and the aching continued, involving her neck, back, and lower extremities. At this time there was some difficulty in micturition proceeding to retention. No paralysis had been noted by the parents previous to the child's admission to the hospital. There had been no convulsions, coma, or stupor at home.

**FINDINGS:** On admission the child had a rectal temperature of 102° F.; pulse 110; and respiration 26. The patient appeared acutely ill. She looked apathetic, somewhat prostrated, and rather indifferent to attention. Her face was flushed and intense perspiration was noted over her back. Her breathing was somewhat irregular in rate and intensity. Examination of the ears, eyes, scalp, nose and mouth revealed nothing of importance. The tonsils were large but did not appear acutely inflamed. Neck rigidity was marked. A few coarse dry rales were audible throughout the chest. Heart findings were negative except for the increased rate and sinus arrhythmia. The abdomen was distended and hypertympanic. The most notable findings were observed upon examination of the lower extremities. There was flaccid paralysis of both lower extremities, much more marked on left than on right, with severe pain attending attempts to active and passive motion. No sensory disturbances were noted. The upper and right lower tendon reflexes were diminished and the left patellar reflex could not be elicited. Achilles tendon reflexes were present. Kernig's sign was absent. No abdominal reflexes were obtained. Babinsky and Oppenheim signs were strongly suggestive, especially on the left. Definite rigidity of the spinal column with pain on motion were present. Urinary retention was found. There was evidence of slight paralytic involvement of the pharyngeal muscles as shown by some difficulty in deglutition and expectoration.

**LABORATORY FINDINGS:** Urinalysis was negative. The white cell count was 16,266 of which there were juveniles 10%; segmented 65%; lymphocytes 21%; and monocytes 4%. The blood Wasserman was negative. A spinal puncture was done the morning following admission. The fluid was under a moderately increased pressure but appeared entirely clear. The microscopic examination of the fluid revealed 50 cells per cubic mm., of which the majority were lymphocytes; the Wasserman was negative; the eglobulin test was strongly positive.

**COURSE:** The patient appeared definitely improved following the spinal puncture. She was in a more receptive mood, complained less of pain, and the vomiting, which had persisted through the previous night, had ceased. The improvement continued through the next day when the neck rigidity had disappeared and patient had made some successful attempts to move her lower extremities. However, rectal and urinary sphincter control were disordered. Following admission her temperature promptly dropped and reached a normal level on the fourth day of her hospital stay. From then on her temperature remained at a practically normal level throughout her stay, except for an occasional rise to between 99° and 99.8°. Active movement of her extremities to a satisfactory degree was noted on the tenth day following admission and the course toward complete recovery of locomotor function was rapid. The recovery from rectal and urinary incontinence, however, was delayed

\*—Reported at the Clinical Staff meeting, Leo N. Levi Memorial Hospital, April 6, 1933. Submitted for publication October 18, 1933.



for another ten days. Her course since has been uneventful except for a persistent urgency and frequency of urination, the cause of which has remained obscure in spite of investigations into the function of the urinary tract. The abdominal reflexes are still greatly diminished while the deep tendon reflexes are somewhat exaggerated. The treatment was entirely symptomatic. For a brief period she received small doses of urotropin by mouth.

## REVIEW OF THE LITERATURE

### History

The post-vaccination cerebro-spinal complication (encephalitis, encephalomyelitis, etc.) is a relative newly-recognized disease entity brought to the attention of the medical profession as recently as 1924. Of approximately 700 cases that have been recognized, only 71 have been recorded in the United States in the past 10 years. By far the largest number of reports have come from Holland and England. Numerous cases have also been recorded in Germany, Sweden, and Norway. Occasionally, both in this and foreign countries, small, epidemic-like outbreaks have occurred, limiting themselves, however, to localized areas of population. The complications have occurred following the use of both rabbit-brain virus, guinea-pig virus and strains of calf virus obtained from various sources. The complications have followed both single and multiple insertion methods.

### Etiology

The specific causative agent of post-vaccination cerebro-spinal disease is not definitely known. Several theories have been advanced. Chief among these are:

1. That the vaccine virus itself is the causative agent.
2. That some unknown virus becomes activated by the vaccine virus, converting a latent encephalitis into an active one.
3. That the disease is a manifestation of an anaphylatic reaction, the vaccine virus acting as a sensitizing agent to nervous tissue.

Other theories advanced take into consideration vitamin or other dietary factor. Activation by vaccina of certain forms of bacteria, especially of the streptococci type, and of certain protozoa and yeasts have also been suggested.

### Predisposing Causes

Post-vaccination encephalitis tends to occur more in rural districts than in cities; girls are affected more often than boys. Infants under one year of age, though not immune, are seldom victims, as are also children over eight years of age. The larger proportion of cases have occurred following the primary take among children of school age, while adolescents and adults are practically exempt.

While the disease has occurred both following multiple and single insertions, most students of the subject regard the former as a greater predisposing method than the latter.

### Symptomatology

The nervous manifestations of post-vaccination encephalitis are quite variable and may point to involvement of the meninges, the brain, the brain stem, the spinal cord, or, as most frequently encountered, to a combined involvement of two or more of these structures. In spite of this variability of clinical symptoms, the disease as a distinct entity has been firmly established, mainly on the basis of the pathologic post-mortem findings, which are distinct and characteristic.

The incubation period is from 4 to 17 days, most cases developing the first symptoms between the 10th and 13th days following vaccination. The uniformity of onset, course, and time relations of the symptoms in most cases is quite striking. The course of the disease is rapid, the fatal cases dying on the third or fourth day after onset of symptoms, or two weeks after vaccination. The earliest symptoms, as described by H. I. Viets and S. Warren are: "Headache, vomiting, pyrexia, and a tendency toward paralysis. In infants convulsions, too, are frequent. Consciousness is soon lost. The paralysis consists of weakness of the cranial nerves or of the extremities and there is considerable variation from time to time. The Babinski response is sometimes obtained. As the disease progresses the deep reflexes disappear. Sphincter control is usually disordered, incontinence being a common finding. Trismus has occurred in many cases."

The spinal fluid is clear, often in-

creased in pressure, and no visible or cultivatable organisms can be demonstrated. The cell count is usually increased, containing mononuclear and polynuclear cells. In a few cases small amounts of vaccine virus were detected. On the other hand, frequently the spinal fluid is essentially negative.

In regards to the diagnosis, many cases have occasioned much confusion and have been mistaken for tetanus, epidemic meningitis, tuberculous meningitis, encephalitis lethargica, meningismus, poliomyelitis, cerebral hemorrhage, sunstroke, epilepsy, and hysteria. In differentiating, the history, the incubation period, course, and symptoms of the disease as well as the spinal fluid and other laboratory findings are essential factors.

#### Treatment

Very encouraging results, as are evidenced by recession of symptoms, abatement of the course, and hastening complete recovery, have been reported by foreign observers following the use of serum or citrated blood from individuals recently vaccinated, or preferably, vaccinated at the same time as the patient. The serum has been given both intrathecally and intravenously, most frequently by the latter route. Intravenously it has been given in doses of from 8 to 10 cc. for one or two doses. In one case 5 cc. was given intrathecally with striking results. Very good results have followed this treatment in severe cases even when used late, such as when the serum was given to four days following onset of symptoms or 13 to 16 days following the patient's vaccination. One case was benefited by the serum of the father who had been vaccinated four years before.

The simplicity and accessibility of this method of treatment should serve to encourage its trial in every case.

#### Prognosis

Among the European cases the mortality rate is high, occurring in 50 per cent of the cases reported in England, and in 35 per cent of those in Holland. The mortality rate in this country has been estimated at 37 per cent. With rare exceptions, the non-fatal cases recover promptly and completely, leaving no sequelae. Ex-

ceptionally, residual symptoms persist, a case of marked mental deterioration and one of complete flaccid paralysis of both legs, with anesthesia below umbilical level, having been reported among the 71 cases of post-vaccination encephalitis in this country.

#### Prevention

There are several well recognized factors in considering the prophylaxis of this dreaded post-vaccination complication. Infancy may be considered as the best period to subject the individual to the primary vaccination, preferably during the first year of life. This should always be done with a suitable technique, one of which is defined by Charles Armstrong as "Employing a small superficial insertion, never over one-eighth inch in greatest diameter and which employs no routine dressing." The same writer on the basis of his experiments with mice suggests that "inoculation with diphtheria toxoid tends to render these animals somewhat more resistant to vaccine virus subsequently administered intracerebrally. It is suggested that primary vaccination, especially after the first year of life, be deferred until contemplated immunization against diphtheria or other diseases by means of inanimate antigens has been accomplished."

Nervous children or those with neurological ailments should be excluded. In times when encephalitis, poliomyelitis or meningococcus meningitis are epidemic, vaccination should be postponed. Bed rest for three weeks following vaccination has also been suggested as a prophylactic measure.

#### Pathology

In contrast to the lack of uniformity in the clinical symptoms of post-vaccination encephalitis, the pathological picture, especially that referable to the microscopic examination, is constant, characteristic, and easily differentiated from that encountered in epidemic encephalitis (Lethargic encephalitis) or in poliomyelitis of primary origin; on the other hand the findings simulate closely those occurring in nervous system inflammations complicating such diseases as measles and scarlet fever.



The pathological findings are fully described by H. R. Viets and S. Warren, who state, in part: "The gross lesions are not at all distinctive, consisting chiefly of hyperemia of the meninges, some edema of the brain, and at times punctate spots in the brain substance due to dilated vessels. The microscopic picture, however, is distinctive. The outstanding lesion is perivascular cellular infiltration, not restricted to the immediate zone of the vessels but extending some little distance out into the brain substance. This is usually accompanied by perivascular demyelination. The rapidity with which the demyelination appears is surprising, having been found in rare cases as early as three days after onset of nervous symptoms.

"The lesions are widespread throughout the brain as a rule, tending to involve the white matter rather more than the gray. The more acute the case, the more even the distribution. The lesions may be most intense in the region of the pons and the upper portion of the medulla. Together with this there is in the cord a tendency toward softening, particularly in the lower portion, with a partial demyelination of certain fibers there."

A detailed histological picture may be described as follows: The vessels, particularly the veins, are hyperemic and there is an infiltration in the perivascular space of mononuclear cells and polymorphonuclear leukocytes in small numbers. There is no thrombosis or vascular occlusion. In the extra-adventitial tissue there is infiltration, becoming more diffuse as distance from the vessel increases, with mononuclear leukocytes, lymphocytes and rare polymorphonuclear leukocytes. Together with this there is infiltration of microglia cells, many of which are markedly swollen. With ordinary stains there is seen to be a zone of rarefaction surrounding the vessels. Special staining methods reveal complete disruption of the myelin sheaths and rapid disappearance of the myelin itself in these zones, while not infrequently the axons themselves are destroyed. In the adjacent uninvolved portions of the brain the nerve fibers and their myelin sheaths can be readily distinguished. There is much less involvement of the gray matter than of the white matter.

Inclusion bodies have not been found in the lesions. In many cases there is an accompanying meningitis. The subarachnoid space is distended and there are numerous large mononuclear leukocytes, lymphocytes, and occasional polymorphonuclear leukocytes. The vessels are decidedly hyperemic and dilated, and the endothelial cells of their walls are plump. There is not infrequently evidence of migration of large mononuclear leukocytes and polymorphonuclear leukocytes through the wall."

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1. Armstrong, Charles, Post-vaccination Encephalitis with special reference to prevention. Public Health Reports, July, 1932, Vol. 47, No. 30, Pp. 1553-1567.
2. Viets, Henry R. and Warren, Shields: Vaccinal Encephalitis, The New England Journal of Medicine, 204: 475-481, (March 5, 1931).

#### Coming Medical Meetings

Inter-State Post Graduate Medical Association of North America, Philadelphia, November 5th to 9th.

Southern Medical Association, San Antonio, November 13th to 16th.

Fourth Councilor District Medical Society, Monticello, November 19th.

Fort Smith Clinical Society, Fort Smith, November 22nd.

Third Councilor District Medical Society, Stuttgart, November 27.

Radiological Society of North America, Memphis, December 3rd to 7th.

Ninth Councilor District Medical Society, Harrison, December 4th.

Dallas Southern Clinical Society, Dallas, March 18th to 25th, 1935.

Arkansas Medical Society, Fort Smith, April 15, 16, 17, 1935.

#### QUININE FORMULARY

Merck & Co., Inc., Rahway, N. J., has issued a "Quinine Formulary" of twenty-four pages, containing prescriptions and directions for using quinine or its derivatives in thirty-eight diseases and conditions, which are alphabetically arranged, beginning with *abortion (inevitable)*, running through *malaria*, and ending with *varicose veins*. It contains a bibliography of American authorities giving scientific reasons for the use of quinine in the conditions that are mentioned. The pamphlet also gives the uses and doses of the derivatives of quinine, including cupreine, optochine, and quinidine, which have specific uses in non-malarious conditions.

The pamphlet is a compendium of valuable information, and will be mailed to any physician who mentions this notice.

## THE JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council.

DR. W. R. BROOKSHER, Editor

610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by  
the rules of the Council on Pharmacy and Chemistry of  
the American Medical Association.

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interest to the profession are invited from all over the  
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Scientific Exhibit—F. H. Krock, Chairman, Fort Smith (1935); H. King Wade, Hot Springs National Park (1936); W. E. Gray, Jr., Little Rock (1937).

Arrangements—(Host Society 1935 meeting)—D. W. Goldstein, Chairman, C. S. Holt, J. A. Foltz, H. Moulton, M. E. Foster, W. G. Elberle, I. F. Jones.

Necrology—W. H. Mock, Chairman, Prairie Grove (1935); J. M. Lemons, Pine Bluff (1936); H. Moulton, Fort Smith (1937).

Auxiliary—L. J. Kosminsky, Chairman, Texarkana (1935); H. T. Wootton, Hot Springs National Park (1936); C. S. Holt, Fort Smith (1937).

Cancer Control—D. W. Goldstein, Chairman, Fort Smith (1937); R. L. Saxon, Little Rock (1936); L. A. Purifoy, El Dorado (1935).

## CORONARY DISEASE

Millard's article in this issue calls attention to the significance of coronary artery disease, a condition which has received considerable publicity of late in the lay press because of the deaths of several prominent persons from this cause.

It is distinctly an affection of middle and later years of life, rarely acting as a cause of death in persons under 35 years. Above that age, however, there is an increasing frequency of the disease.

Willius<sup>1</sup> has reported that the chief cause of the condition, sclerosis of the arterial walls, is present in slight degree even in the first decade of life and that practically all individuals are affected in some degree by the 60th year. Other coronary disturbances may be due to dysfunction of the nerve supply to the arteries resulting in spasm of the affected vessel. These changes interfere with the blood supply of the cardiac muscle, anginal pains being the usual accompaniment in the sclerotic type. The pain usually occurs after prolonged exercise but may follow slight exertion. Fortunately, the severity of the pain enforces rest and thus assists in recovery. Thrombosis, also associated with the sclerotic type, may produce death without premonitory symptoms.

Largely as the result of more accurate diagnosis, the incidence of deaths from this disease shows a great increase in recent years. Sudden deaths, formerly ascribed to "acute indigestion" and the like, are now known to be due to coronary artery disease. The studies of Levy<sup>2</sup>, however, indicate that the increase is an actual one. For this, the strenuousness of modern living has received the blame but it is quite likely that the recorded increase is but a part of the general ascent in cardio-vascular disease; a morbidity which is, in part, inevitable, due to the declining mortality of infectious diseases and lengthening of the average life span. Coronary artery disease offers a field for continued intensive study and research.

1—Willius, F. A., Smith, H. L., and Sprague, P. H. Proc. Staff Meetings Mayo Clinic, March 1, 1933, 8, 140.

2—Levy, R. L., Bruenn, H. G., and Kurtz, D. Amer. Jour. Med. Sc. March, 1934, 187, 376.



## MEMBERSHIP

The roster of membership of the Arkansas Medical Society as printed in this issue totals 1026 physicians, an increase over the 880 of 1933 but as yet far from complete in listing the eligible physicians of the state. The 1934 Directory of the American Medical Association gives the records of 1890 physicians in Arkansas, a considerable number of whom, not now members of this Society, are eligible for membership. The state secretary's office is now compiling a list of these physicians by counties and will furnish this to the respective county societies in the near future. It is to be hoped that the county societies will exert every effort to secure the affiliation of these physicians, thus strengthening our organization for mutual benefit.

Medical organization must represent the greatest possible number of eligible physicians. The serious problems of the present day, together with those of a governmental or social nature which may develop, can best be met in safety and security for the physician only if the profession is in a position to speak and act as a unit rather than as a group of individuals. Each member of the Arkansas Medical Society may increase the security and benefits of our medical organization by his own efforts in enlisting every eligible physician.

### E. R. A. MEDICAL SERVICE

Based upon comments so far received from the membership the new plan of medical service for persons on relief rolls meets with general approval. This is gratifying to the committee which has worked to attain the present objective. Every member of the Society who agrees to give service under this plan is urged to approach the county relief administrations on a dignified, conservative basis which will reflect credit upon the organized medical profession. With lay persons in charge of the administration it is to be expected that misunderstandings will arise from time to time. It is the function of the county advisory committee to minimize the friction which these may cause, handling all questions referred to them promptly, decisively and impartially. The

rendering of a professional service of high quality in all fairness under the provisions of this plan will serve to increase public confidence in the right of medical men to lead in all problems of health. There is need for physicians to view this problem, not alone in the light of medical men giving service to the indigent and receiving therefor a small allowance, but also as citizens vitally concerned with the entire problem of relief activity.

## Announcement

The Radiological Society of North America will hold its next annual meeting at the Hotel Peabody, Memphis, Tennessee, December 3-7, 1934. The Medical Profession is cordially invited to attend. Further information may be obtained by addressing the Secretary-Treasurer, Dr. Donald S. Childs, 607 Medical Arts Building, Syracuse, New York.

## Obituary

LOWE, Walton W., Gillett, aged 60, died September 16th. He was a graduate of the Saint Louis University School of Medicine and had practiced in Gillett for a number of years. In addition to following his profession, he was also engaged in rice farming and was a member of the A. M. Lowe Drug firm. He is survived by his wife, a son, a daughter and two brothers.

ROBINSON, Frank C., Little Rock, aged 71, died September 19th. He graduated from the Arkansas Medical College in 1896 and had practiced in Little Rock since 1915. He is survived by three sisters.

HARRISON, A. G., Searcy, aged 58, died at a Memphis Hospital October 5th following an illness of two years. Dr. Harrison graduated at the Memphis Hospital Medical College in 1901 and had been in practice at Searcy for many years. During his practice there he founded two hospitals, the Harrison Hospital being under his supervision at the time of his death. He is survived by his wife and daughter, Miss Marjorie.

# Membership Roster of the Arkansas Medical Society, 1934

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John, M. C. .... Stuttgart  
\*Lowe, W. W. .... Gillett  
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Neighbors, J. E. .... Stuttgart  
Park, C. E. .... DeWitt  
Poe, Fielding A. .... St. Louis, Mo.  
Rasco, C. W. .... DeWitt  
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Horton, C. W. .... Hiwassee  
Hughes, G. A. .... Siloam Springs  
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Koobs, H. J. G. .... Rogers  
Love, Geo. M. .... Rogers  
McNeil, Clyde L. .... Rogers  
Moore, W. A. .... Rogers  
Peacock, A. L. .... Gentry  
Pickens, E. A. .... Bentonville  
Pickens, W. A. .... Bentonville  
Powell, J. T. .... Gravette  
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Williams, J. R. .... Siloam Springs  
Willson, C. S. .... Siloam Springs

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Fowler, T. P. .... Harrison  
Gladden, J. G. .... Western Grove  
\*Jackson, G. I. .... Harrison  
Johnson, J. J. .... Harrison  
McCoy, Orville B. .... Harrison  
Moore, W. T. .... Everton  
Owens, D. L. .... Harrison  
Poynor, W. H. .... Harrison  
Sims, G. K. .... Harrison  
Thompson, J. L. .... Yellville  
Watkins, W. L. .... Alpena Pass  
Weast, L. M. .... Yellville

## BRADLEY COUNTY†

Crow, M. T. .... Warren  
Ellison, L. E. .... Warren  
Fike, W. T. .... Warren  
Gannaway, C. E. .... Warren  
Martin, C. N. .... Warren  
Martin, Rufus. .... Warren  
Reasons, W. B. .... Hermitage  
Snodgrass, W. A. .... Warren

## CARROLL COUNTY†

Bohannon, J. H. .... Berryville  
Butt, Wm. Alvin. .... Green Forest  
Carter, A. L. .... Berryville  
Huntington, R. H. .... Eureka Springs  
John, J. F. .... Eureka Springs  
McCurry, D. K. .... Green Forest  
Pace, Henry. .... Eureka Springs  
Parker, J. R. .... Eureka Springs  
Slusser, Carl W. .... Green Forest  
Stebbins, N. I. .... Eureka Springs  
Webb, J. H. .... Eureka Springs

## CHICOT COUNTY†

Baker, E. .... Dermott  
Barlow, E. E. .... Dermott  
Burge, J. H. .... Lake Village  
Clark, B. C. .... Lake Village  
Craig, Wm. A. .... Eudora  
Douglas, S. W. .... Eudora  
Easterling, W. D. .... Lake Village  
Easterling, W. W. .... Chicot  
Hutson, W. J. .... Eudora  
McGehee, E. P. .... Lake Village  
Pauli, A. J. .... Louisville, Ky.  
Thompson, J. A. .... Dermott

## CLARK COUNTY†

Bremer, J. P. .... Point Cedar  
Bryant, R. L. .... Arkadelphia  
Carter, E. E. .... Arkadelphia  
Doane, S. N. .... Arkadelphia  
Hughes, F. A. .... Okolona  
Kirby, D. W. .... Gurdon  
Reid, Joe W. .... Arkadelphia  
Ross, H. A. .... Arkadelphia  
Ross, T. T. .... Arkadelphia  
Rowland, W. T. .... Arkadelphia  
Steed, C. J. .... Gurdon  
Tolleson, G. W. .... Amity  
Townsend, C. K. .... Arkadelphia

## CLAY COUNTY†

Blackwood, W. J. .... Rector  
Clopton, O. H. .... Rector  
Cohn, George. .... Piggott  
Cunning, I. H. .... Knoblo  
Custer, B. H. .... Marmaduke  
Futrell, J. B. .... Rector  
Hiller, J. P. .... Pollard  
Jones, F. H. .... Piggott  
Latimer, N. J. .... Corning  
McGuire, J. E. .... Piggott  
Poole, W. I. .... St. Francis  
Richardson, M. C. .... Corning

## CLEBURNE COUNTY†

Birdsong, T. C. .... Shiloh  
Hall, H. J. .... Higden  
Matthews, J. T. .... Heber Springs

## CLEVELAND COUNTY†

Adams, T. L. .... Rison  
Capel, H. T. .... Rison  
Hamilton, A. J. .... Rison  
Hancock, W. G. .... Rison

## COLUMBIA COUNTY†

Baker, J. J. .... Magnolia  
Carrington, H. K. .... Magnolia  
Cooksey, W. P. .... Magnolia  
Horn, W. H. .... Taylor  
Hudnall, E. T. .... Taylor  
Jones, T. H. .... Magnolia  
Jordan, T. S. .... Magnolia  
Kitchens, H. M. .... Waldo  
McLeod, G. F. .... Magnolia  
McWilliams, C. T. .... Magnolia  
Rushton, Joe F. .... Magnolia  
Smith, P. M. .... Magnolia  
Souter, A. J. .... Waldo  
Walker, J. C. .... Emerson

## CONWAY COUNTY

Etheridge, C. E. .... Morrilton  
Hardison, T. W. .... Morrilton  
Matthews, E. L. .... Morrilton  
Matthews, J. M. .... Morrilton  
Mobley, H. E. .... Morrilton

## CRAIGHEAD-POINSETT COUNTY

Alcott, G. B. .... Weiner  
Altman, J. T. .... Jonesboro  
Baird, J. L. .... Marked Tree  
Barrett, E. R. .... Jonesboro  
Barrett, R. M. .... Black Oak

Bates, C. A. .... Lake City  
Berry, W. E. .... Trumann  
Burge, H. G. .... Nettleton  
Cohen, O. T. .... Jonesboro  
Elders, J. W. .... Harrisburg  
Ellis, Ira. .... Monette  
Haltom, W. C. .... Jonesboro  
Horner, E. J. .... Jonesboro  
Jackson, W. W. .... Jonesboro  
Jernigan, R. M. .... Jonesboro  
Jones, J. H. .... Lepanto  
Jones, J. K. .... Lepanto  
Lutterloh, P. W. .... Jonesboro  
McAdams, H. H. .... Jonesboro  
McCracken, C. P. .... Jonesboro  
McCurry, J. H. .... Cash  
McDaniel, L. H. .... Tyroneza  
Nesbitt, Frank. .... Brookland  
Overstreet, W. C. .... Jonesboro  
Ramsey, J. W. .... Jonesboro  
Ratliff, R. W. .... Jonesboro  
Reagan, C. H. .... Marked Tree  
Shanlever, R. C. .... Jonesboro  
Sloan, R. M. .... Jonesboro  
Stroud, H. A. .... Jonesboro  
Verser, W. W. .... Harrisburg  
Willett, R. H. .... Jonesboro

## CRAWFORD COUNTY†

Bennett, B. L. .... Van Buren  
Blakemore, J. E. .... Van Buren  
\*Bourland, O. M. .... Van Buren  
Bruce, E. B. .... Alma  
Dibrell, M. S. .... Van Buren  
Engler, F. G. .... Mountainburg  
Galloway, Q. R. .... Alma  
Grant, S. C. .... Mulberry  
Kirkland, S. D. .... Van Buren  
Kirksey, O. J. .... Mulberry  
Savery, H. W. .... Van Buren  
Stewart, J. M. .... Van Buren  
Trice, J. B. .... Van Buren  
Wigley, John A. .... Mulberry

## CRITTENDEN COUNTY†

Hare, T. S. .... Crawfordsville  
Henry, H. B. .... Fayetteville  
McVay, L. C. .... Marion  
Parker, A. C. .... Clarkdale  
Purnell, R. L. .... Marion  
Ray, R. H. .... Earl  
Stevenson, B. M. .... Crawfordsville

## CROSS COUNTY†

Barr, Austin Flint. .... Cherry Valley  
Griffin, Walter L. .... Cherry Valley  
Griffin, J. Lee. .... Vannale  
Longest, Ruffin. .... Wynne  
Miller, J. S. .... Parkin  
McKie, J. D. .... Wynne  
\*McKie, W. H. .... Wynne  
Smith, Richard S. .... Parkin  
Stewart, Thomas J. .... Wynne  
Wilson, Thomas. .... Wynne

## DALLAS COUNTY†

Cheatham, H. A. .... Princeton  
Ellis, W. S. .... Fordyce  
Estes, E. E. .... Fordyce  
Lisenbee, A. M. .... Sparkman  
Stuart, A. M. .... Manning, Ark.  
Taylor, J. E. M. .... Sparkman  
Ward, W. P. .... Fordyce

## DESHA COUNTY†

Biscoe, Gibbs. .... Dumas  
Chennault, J. C. .... McGehee  
Kimbro, C. H. .... Tillar  
MacCammon, Vernon. .... Ark. City  
Rands, H. A. .... Dumas  
Rosenbaum, C. A. .... McGehee  
Smith, H. T. .... McGehee  
Watts, J. D. .... Dumas  
White, R. F. .... McGehee

## DREW COUNTY†

Collins, A. S. J. .... Monticello  
Dickins, R. D. .... Monticello  
DeBolt, G. C. .... Monticello  
Gates, S. M. .... Monticello  
Pope, M. Y. .... Monticello  
Smith, R. N. .... Collins  
Wilson, J. S. .... Monticello

## FAULKNER COUNTY†

Brittain, W. L. .... Conway  
Brooke, H. C. .... Conway

\* Deceased.

† Membership equals or exceeds that of 1933.



Cook, Raymond C. Memphis, Tenn.  
 Cureton, H. E. Conway  
 Dawson, R. L. Wooster  
 Dickerson, C. H. Conway  
 Downs, J. H. Vilonia  
 Dunaway, L. S. Jr., Conway  
 Fraser, N. E. Conway  
 Glover, A. J. Guy  
 Hardy, H. B. Greenbrier  
 Harrod, Geo. Conway  
 Henderson, G. L. Conway  
 Russell, Lyle L. Warren  
 Kitley, J. R. Mayflower  
 Lieblong, J. S. Greenbrier  
 Mabry, Tom Holland  
 McCollum, I. N. Conway  
 McDonald, W. T. Vilonia  
 Muse, J. M. Conway  
 Smith, Marcus T. Conway  
 Westerfield, J. S. Conway  
 Williams, E. T. Greenbrier

## FRANKLIN COUNTY†

Akin, W. F. Branch  
 Blackburn, E. W. Ozark  
 Bollinger, W. H. Charleston  
 Douglass, Thos. Ozark  
 Gibbons, W. H. Ozark  
 Porter, W. C. Ozark  
 Post, J. L. Altus

## GARLAND COUNTY†

Biggs, Orvis E. Hot Springs  
 Black, T. N. Hot Springs  
 Blackshare, W. M. Hot Springs  
 Bollmeier, L. N. Hot Springs  
 Boydstone, J. O. Hot Springs  
 Brewer, Howell Hot Springs  
 Browning, E. R. Hot Springs  
 Burns, Coleman C. Hat Springs  
 Casada, B. F. Hot Springs  
 Chamberlain, W. W. Hot Springs  
 Chesnutt, James H. Hot Springs  
 Clardy, Floyd Hot Springs  
 Collings, H. P. Hot Springs  
 Connell, W. H. Hot Springs  
 Diederich, V. P. Hot Springs  
 Eckel, G. M. Hot Springs  
 Ellis, L. R. Hot Springs  
 Fletcher, Geo. B. Hot Springs  
 Garratt, Chas. E. Hot Springs  
 Hebert, Gaston A. Hot Springs  
 Jarrell, Foster Hot Springs  
 King, Leon E. Hot Springs  
 King, O. H. Hot Springs  
 Klugh, W. G. Hot Springs  
 Lautman, M. F. Hot Springs  
 Laws, Wm. V. Hot Springs  
 Lee, D. C. Hot Springs  
 Lutterloh, Chas. H. Hot Springs  
 Martin, Louie G. Hot Springs  
 MacLaughlin, O. J. Hot Springs  
 Merrit, J. F. Hot Springs  
 Moss, Chas. S. Hot Springs  
 Nims, C. H. Hot Springs  
 Pate, C. N. Hot Springs  
 Porter, W. F. Hot Springs  
 Power, Allyn Hot Springs  
 Preston, H. H. Hot Springs  
 Proctor, J. M. Hot Springs  
 Rowland, J. F. Hot Springs  
 Sanders, T. E. Hot Springs  
 Scully, F. J. Hot Springs  
 Shaw, Ernest I. Little Rock, Ark.  
 Shaw, J. B. Hot Springs  
 Short, Z. N. Hot Springs  
 Smith, Euclid M. Hot Springs  
 Smith, W. K. Hot Springs  
 Snider, W. L. Hot Springs  
 Steele, S. B. Hot Springs  
 Stell, J. S. Hot Springs  
 Stough, D. B. Hot Springs  
 Strachan, J. B. Hot Springs  
 Sullivan, A. G. Hot Springs  
 Tribble, A. H. Hot Springs  
 Wade, H. K. Hot Springs  
 Waldrop, J. G. Hot Springs  
 Well, S. D. Hot Springs  
 Wenger, O. C. Hot Springs  
 Wootton, W. T. Hot Springs  
 Wright, H. K. Hot Springs

## GRANT COUNTY†

Cole, C. F. Prattsville  
 Hope, O. W. Sheridan  
 Kelly, O. R. Sheridan  
 Paxton, R. L. Sheridan

## GREENE COUNTY†

Blackwood, J. D. Jonesboro  
 Bridges, G. P. Paragould  
 Cupp, R. W. Beech Grove  
 Dillman, Jas. A. Paragould  
 Ellington, W. E. Paragould  
 Haley, R. J. Sr. Paragould  
 Hardesty, C. A. Paragould  
 Hudgins, J. J. Paragould  
 Lamb, J. H. Paragould  
 Majors, W. M. Paragould  
 Scott, F. M. Paragould  
 Self, G. S. Paragould  
 Self, S. M. Walcott, Ark.

## HEMPSTEAD COUNTY

Allison, W. G. Hope  
 Autrey, J. R. Columbus  
 Cannon, G. E. Hope  
 Carrigan, P. B. Hope  
 Gentry, J. E. McCaskill  
 Kolb, A. C. Hope  
 Lille, L. M. Hope  
 Martindale, G. H. Hope  
 Martindale, J. G. Hope  
 McDonald, T. L. Hope  
 Robins, Rowland R. Blevins  
 Robins, W. F. Ozan  
 Smith, Don Hope  
 Weaver, J. H. Hope

## HOT SPRING COUNTY†

Barrier, W. F. Malvern  
 Bramlitt, E. T. Malvern  
 Brown, H. L. Malvern  
 Hodges, W. G. Malvern  
 McCray, E. H. Malvern  
 Norton, J. M. Donaldson  
 Williams, J. M. Malvern

## HOWARD-PIKE COUNTY†

Alford, T. F. Murfreesboro  
 Dildy, E. V. Nashville  
 Duncan, M. D. Murfreesboro  
 Gibson, W. M. Nashville  
 Holcombe, J. T. Mineral Springs  
 Hopkins, J. S. Nashville  
 \*Hutchinson, D. A. Nashville  
 Roberts, J. L. Nashville  
 Simpson, W. B. Nashville  
 Toland, W. H. Nashville  
 Wood, R. L. Delight

## INDEPENDENCE COUNTY†

Bone, O. L. Newark  
 Brown, H. H. Walnut Grove  
 Churchill, C. A. Batesville  
 Copp, Noel Calico Rock  
 Craig, M. S. Batesville  
 Evans, L. T. Batesville  
 Gray, C. C. Batesville  
 Gray, F. A. Batesville  
 Harris, Chas. L. Melbourne  
 Hinkle, C. G. Batesville  
 Hooper, J. M. Batesville  
 Huskey, I. M. Cave City  
 Jeffery, Paul H. Bethesda  
 Johnston, O. J. T. Batesville  
 Kennerly, J. H. Batesville  
 Laman, G. T. Cave City  
 McAdams, V. D. Cord  
 Pascoe, V. L. Newark  
 Robertson, S. N. Sulphur Rock  
 Smith, R. L. Melbourne  
 Weathers, J. L. Salem  
 Woods, O. S. Salem

## JACKSON COUNTY

Best, A. L. Newport  
 Causey, G. A. Swifton  
 Elton, A. M. Newport  
 Erwin, Ira H. Newport  
 Gray, C. R. Newport  
 Harris, M. L. Newport  
 Ivy, J. B. Tuckerman  
 Jamison, O. A. Tuckerman  
 Kimberlin, K. K. Tuckerman  
 Owens, M. B. Newport  
 Pierce, W. N. Tupelo  
 Stephens, G. K. Newport  
 Walker, H. O. Newport

## JEFFERSON COUNTY†

Beard, J. C. Pine Bluff  
 Blackwell, O. G. Pine Bluff  
 Blankenship, W. H. Pine Bluff  
 Bruce, W. H. Pine Bluff  
 Capel, C. B. Pine Bluff  
 Caruthers, C. K. Pine Bluff  
 Chavis, W. M. Pine Bluff  
 Clark, O. W. Pine Bluff  
 Cunningham, T. J. Pine Bluff

Dunaway, W. C. Little Rock  
 Gill, J. F. Pine Bluff  
 Gurney, J. O. Pine Bluff  
 Hankison, O. C. Pine Bluff  
 Higinbotham, C. J. Pine Bluff  
 Hughes, A. A. Pine Bluff  
 Jenkins, J. S. Pine Bluff  
 John, J. W. Pine Bluff  
 Lemons, J. M. Pine Bluff  
 Lowe, W. T. Pine Bluff  
 Luck, B. D. Sr. Pine Bluff  
 Luck, B. D. Jr. Pine Bluff  
 McMullen, E. C. Pine Bluff  
 Palmer, J. T. Pine Bluff  
 Payne, Virgil Pine Bluff  
 Pittman, W. G. Pine Bluff  
 Scales, J. W. Pine Bluff  
 Shelton, M. A. Wabbaseka  
 Simmons, W. H. Pine Bluff  
 Spillyards, J. S. Pine Bluff  
 Troupe, A. W. Pine Bluff  
 Woods, R. P. Altheimer

## JOHNSON COUNTY†

Barger, M. I. Lamar  
 Boen, A. L. Clarksville  
 Graves, S. M. Mt. Levi  
 Hardgrave, Geo. L. Clarksville  
 Hunt, Earle H. Clarksville  
 Hunt, W. R. Clarksville  
 Kolb, Jas. M. Clarksville  
 Kolb, J. S. Clarksville  
 Love, John G. Hartman  
 Mooney, J. D. Coal Hill  
 Siegel, G. R. Clarksville

## LAFAYETTE COUNTY

Baker, F. E. Stamps  
 Keith, A. W. Stamps  
 McKnight, J. F. Bradley  
 Youmans, F. W. Lewisville

## LAWRENCE COUNTY†

Ball, C. C. Ravenden  
 Cruse, E. J. Black Rock  
 Guthrie, T. C. Smithville  
 Gibson, E. L. Alicia  
 Hardaway, J. E. Lynn  
 Hatcher, W. W. Imboden  
 Henderson, A. G. Imboden  
 Hughes, J. C. Hoxie  
 Hukill, O. K. Walnut Ridge  
 Hull, H. B. Mammoth Spring  
 Johnston, Wm. Hardy  
 Kendall, W. S. Strawberry  
 Land, J. C. Walnut Ridge  
 McCarroll, H. R. Walnut Ridge  
 Neece, T. C. Walnut Ridge  
 Poindexter, J. C. Imboden  
 Rainwater, Elmer Walnut Ridge  
 Robinson, W. J. Portia  
 Tibbels, Chas. D. Black Rock  
 Watkins, G. Max Walnut Ridge

## LEE COUNTY†

Bean, W. B. Marianna  
 Beaty, W. S. Rondo  
 Bogart, H. D. Marianna  
 Chaffin, C. W. Moro  
 Crawford, W. S. Marianna  
 Hodge, N. C. Marianna  
 Lewis, J. F. Oak Forest  
 Russwurm, S. C. Hughes  
 White, H. L. Rondo  
 Williamson, O. L. Marianna  
 Wilsford, A. L. Moro

## LINCOLN COUNTY†

Dixon, Chas. W. Gould  
 Johnson, R. L. Grady  
 Ringgold, Geo. W. Gould  
 Russell, Manley Holland Star City  
 \*Tarver, Benjamin F. Star City  
 Tarver, Vernon Star City  
 Thiolliere, A. C. Gould  
 Williams, A. F. Cornerville  
 Wood, G. C. Grady

## LITTLE RIVER COUNTY†

Castile, Herman Foreman  
 Harding, C. A. Ashdown  
 Heller, Henry G. Foreman  
 Phillips, P. H. Ashdown  
 Ringgold, J. W. Ashdown  
 York, W. W. Ashdown

## LONOKE COUNTY†

Beaty, S. S. England  
 Benton, T. E. Lonoke  
 Brewer, J. F. Kerrs  
 Callahan, E. A. Carlisle  
 Corn, F. A. Jr. Lonoke  
 Crowgey, W. B. Scott

\* Deceased.

† Membership equals or exceeds that of 1933.



Ellis, C. S.	Lonoke
Harris, E. H.	Coy
Lewis, John W.	Keo
Smith, W. Meyers	Lonoke
Utley, F. E.	Cabot
Ward, O. D.	England
Watson, Asa C.	England
Wells, J. B.	Scott

MADISON COUNTY†

Beeby, Chas.	Huntsville
Counts, Geo. D.	Wesley
Dixon, C. B.	Kingston
Hill, N. J.	Hindsville
Scott, James Berry	St. Paul
Walker, G. D.	Delhaney
Youngblood, Fred	Huntsville

MILLER COUNTY†

Beck, E. L.	Texarkana
*Collom, S. A.	Texarkana
Dale, Robert	Texarkana
Daniel, N. B.	Texarkana
Fuller, T. E.	Texarkana
Hibbitts, Wm.	Texarkana
Hunt, Preston	Texarkana
Kelley, K. M.	Texarkana
Kirkpatrick, R. R.	Texarkana
Kittrell, T. F.	Texarkana
Kosminsky, L. J.	Texarkana
Lanier, L. H.	Texarkana
Lee, A. G.	Texarkana
Lennard, F. M.	Texarkana
Longino, H. E.	Texarkana
Mann, Albert H.	Texarkana
Middleton, B. C.	Texarkana
Murry, H. E.	Texarkana
Robins, R. R.	Texarkana
Smiley, H. H.	Texarkana
Smith, W. D.	Texarkana
Webster, H. R.	Texarkana
Williams, J. F.	Texarkana

MISSISSIPPI COUNTY†

Barksdale, Oscar	Wilson
Boyd, D. L.	Blytheville
Campbell, J. H.	Joiner
Ellis, N. B.	Wilson
Harwell, C. M.	Osceola
Hosey, N. R.	Joiner
*Howton, Oleander	Luxora
Hudson, Thos. F.	Luxora
Husband, F. L.	Blytheville
Johnson, I. R.	Blytheville
Johnson, R. L.	Bassett
Lockett, J. A.	Dell
Massey, L. D.	Osceola
Owen, W. M.	Armored
Polk, J. T.	Keiser
Robinson, Finley A.	Blytheville
Saliba, J. A.	Blytheville
Sheddan, W. J.	Osceola
Sims, H. C.	Blytheville
Smith, F. D.	Blytheville
Stevens, C. C.	Blytheville
Tidwell, J. L.	Dell
Tipton, Paul L.	Blytheville
Washburn, A. M.	Blytheville
Wilson, C. E.	Blytheville

MONROE COUNTY†

Boswell, W. L.	Clarendon
Bradley, W. T.	Blackton
Dalton, M. L.	Brinkley
Dozier, F. S.	Fork Crook, Neb.
*Gilbrech, A. H.	Clarendon
Henry, C. A.	Clarendon
Martin, W. H.	Holly Grove
McKnight, C. H.	Brinkley
McKnight, E. D.	Brinkley
Murphey, N. E.	Clarendon
Nederhiser, M. I.	Brinkley
Terry, P. E.	Holly Grove

MONTGOMERY COUNTY

McLean, J. H.	Caddo Gap
Robbins, J. D.	Mount Ida

NEVADA COUNTY†

Buchanan, A. S.	Prescott
Chastain, J. S.	Prescott
Dickey, A. B.	Prescott
Hesterly, J. B.	Prescott
Hesterly, S. J.	Prescott
Hirst, O. G.	Prescott
Mendenhall, Thos. J.	Rosston
Shell, E. E.	Prescott

OUACHITA COUNTY†

Byrd, E. J.	Bearden
Clemens, J. P.	Mt. Holly
Early, C. S.	Camden
Hathcock, E. L.	Locust Bayou
Hollingsworth, G. F.	Hampton
James, D. E.	Camden
Jameson, J. B.	Camden
Kennerly, R. C.	Camden
McGill, S. D.	Camden
Partee, N. G.	Stephens
Plunkett, C. M.	Elliott
Powell, B. V.	Camden
Purifoy, W. A.	Chidester
Rhine, T. E.	Thornton
Rinehart, J. S.	Camden
Ritchie, C. E.	Stephens
Robins, R. B.	Camden
Rushing, J. L.	Chidester
Sanders, G. P.	Stephens
Smythe, C. H.	Bearden
Thompson, H. F.	Bearden
Thompson, Sam A.	Camden
Word, N. S.	Camden

PHILLIPS COUNTY†

Baker, J. P.	West Helena
Bruce, W. B.	Marvell
Butts, J. W.	Tucson, Ariz.
Cox, Allen E.	Helena
Cox, Aris W.	Helena
Ellis, J. B.	Helena
Fink, M.	Helena
Henry, Morris	Helena
King, J. A.	Elaine
King, W. C.	Helena
Nicholls, J. W.	Helena
Orr, W. R.	Helena
Rightor, H. H.	Helena
Russwurm, W. C.	Helena
Storm, George R.	West Helena

POLK COUNTY†

Campbell, C. A.	Hatfield
Hawkins, B. H.	Mena
Hilton, J. G.	Mena
Lee, F. A.	Vandervoort
McElroy, F. Q.	Mena
Mullins, F. C.	Wickes
Murnhey, J. H.	Opal
Watkins, P. R.	Mena

POPE COUNTY†

Cale, Walter	Atkins
Cowan, Riley	London
Gardner, L.	Russellville
Hood, Robert	Russellville
Jones, R. A.	Perry
Scarlett, W. P.	Russellville
Smith, L. M.	Russellville
Smith, R. L.	Russellville
Tate, A. B.	Russellville

PRAIRIE COUNTY†

Adams, Edward	DeValls Bluff
Crockett, W. H.	Biscoe
Gilliam, J. C.	Des Arc
Lynn, J. R.	Hazen
Parker, Luke	DeValls Bluff
Parker, Wm. McK.	DeValls Bluff
Porter, T. G.	Hazen
Williams, W. F. B.	Des Arc
Wilson, J. G.	Ulm

PULASKI COUNTY†

Allen, Estes	Little Rock
Allen, H. R.	Little Rock
Arkebauer, Chas. A.	Little Rock
Atkinson, Shelby	N. Little Rock
Autry, Paul G.	Combs, Ark.
Bailey, W. E.	Little Rock
Barrier, L. F.	Little Rock
Bennett, B. A.	Little Rock
Blakely, R. M.	Little Rock
Bond, S. P.	Little Rock
Brooks, C. M.	Little Rock
Brown, L. R.	Little Rock
Brown, Thomas D.	Little Rock
Calcote, R. J.	Little Rock
Caldwell, Robert	Little Rock
Carruth, O. A.	Little Rock
Carruthers, F. W.	Little Rock
Cazort, Alan G.	Little Rock
Chairs, D. T.	Little Rock
Chesnutt, C. R.	Little Rock
Choate, H. L.	Little Rock
Compton, John N.	Little Rock
Coon, A. B.	Little Rock
Cosgrove, K. W.	Little Rock
Crawford, J. B.	Little Rock
Crawford, S. R.	Little Rock
Crow, Ed W.	Little Rock
Cummins, Bryce	Little Rock

Cunningham, J. C.	Little Rock
Darnall, R. F.	Little Rock
Davis, J. C.	Little Rock
Day, E. O.	Little Rock
Delaney, J. P.	Fayetteville
DeWolf, H. F.	Little Rock
Dibrell, J. L.	Little Rock
Dibrell, J. R.	Little Rock
Dishongh, H. A.	Little Rock
Eubanks, R. M.	Little Rock
Fly, T. M.	Little Rock
Freemyer, W. N.	Little Rock
Fulmer, P. M.	Little Rock
Fulmer, S. C.	Little Rock
Gann, Dewell Jr.	Little Rock
Garrison, C. W.	Lexington, Ky.
Gray, A. F.	Little Rock
Gray, Oscar	Little Rock
Gray, Wm. Ed Jr.	Little Rock
Grayson, W. B.	Little Rock
Hardeman, Daniel R.	Little Rock
Harris, R. P.	Sykesville, Md.
Hastings, Gordon	Little Rock
Hayes, John Harry	Mansfield, O.
Hayes, John Mc.	Little Rock
Hellums, Julius H.	Little Rock
Higgins, H. A.	Little Rock
Hinkle, S. B.	Little Rock
Hoge, S. F.	Little Rock
Holmes, Glenn M.	Little Rock
Howell, A. R.	N. Little Rock
Howze, H. H.	Hines, Ill.
Hundling, H. W.	Little Rock
Hurrele, F. E.	Little Rock
Hyatt, D. T.	Little Rock
Jackson, Geo. F.	Little Rock
Jewell, I. H.	Paris
Jobe, A. L.	Little Rock
Johnson, Glenn H.	Little Rock
Jones, H. F. H.	Little Rock
Jones, Jas. E.	Little Rock
Junkin, S. P.	Little Rock
Kilbury, M. J.	Little Rock
Kinley, James D.	Beebe
Kirby, A. C.	Little Rock
Kory, R. C.	Little Rock
Kriesel, W. A.	Little Rock
Langston, Wm. C.	Little Rock
Lamb, W. A.	Little Rock
Law, Ralph A.	Little Rock
Levy, Jerome S.	Little Rock
Lewis, Geo. V.	Little Rock
Linzy, J. R.	N. Little Rock
Mahoney, P. L.	Little Rock
Matthews, W. M.	Little Rock
May, C. B.	Little Rock
May, John R.	Little Rock
McCaskill, M. E.	Little Rock
McCormack, G. A.	Little Rock
McRae, W. M.	Little Rock
Melson, Madeline M.	Little Rock
Melson, O. C.	Little Rock
Miller, W. H.	Little Rock
Mountford, A. H.	N. Little Rock
Murphey, Pat	Little Rock
Oates, Chas. E.	N. Little Rock
Parmley, L. V.	Little Rock
Parsons, John E. Jr.	Little Rock
Parsons, W. R.	Washington, D.C.
Patterson, R. Q.	Little Rock
Pirnique, A. F.	Little Rock
Ponder, E. T.	Little Rock
Pryor, R. E.	Little Rock
Reagan, G. W.	Little Rock
Reagan, L. D.	Little Rock
Reed, C. C.	Little Rock
Regnier, W. A.	Little Rock
Rhinehart, B. A.	Little Rock
Rhinehart, D. A.	Little Rock
Richardson, W. R.	Little Rock
Riegler, N. W.	Little Rock
Robinson, Byron L.	Little Rock
*Robinson, F. C.	Little Rock
Rodgers, Clyde D.	Little Rock
Roe, Joe L.	Little Rock
Rogers, F. O.	Little Rock
Russell, Allen R.	Little Rock
Sadler, W. L.	Little Rock
Sanderlin, J. H.	Little Rock
Sanford, Sloan M.	Little Rock
Saxon, R. L.	Little Rock
Scott, Homer	Little Rock
Shearer, W. F.	Little Rock
Sheppard, J. P.	Little Rock
Shipp, A. C.	Little Rock
Shuffield, J. F.	Little Rock
Smith, John Mc.	Russellville
Smith, Morgan	Little Rock
Smith, Randolph T.	Little Rock
Smith, W. F.	Little Rock
Snodgrass, W. A.	Little Rock
Spitzberg, Irving J.	Little Rock

\* Deceased.

† Membership equals or exceeds that of 1933.



Stover, A. R.	Oak Park, Ill.
Strauss, A. W.	Little Rock
Summers, J. A.	N. Little Rock
Switzer, D. M.	N. Little Rock
Thatcher, Harvey S.	Little Rock
Thomas, P. E.	Little Rock
Thompson, G. D.	Little Rock
Thompson, E. I.	Little Rock
Vinsonhaler, Frank	Little Rock
Wallace, R. A.	Little Rock
Wallis, Chas.	Little Rock
Wassell, C. McA.	Little Rock
Watkins, Anderson	Little Rock
Watkins, John G.	Little Rock
Wayman, A. K.	Little Rock
Wayne, J. R.	Little Rock
Wayne, W. D.	Little Rock
Webb, V. T.	Little Rock
Weny, N. F.	Little Rock
White, E. H.	Little Rock
Wilson, P. W.	Little Rock
Witt, C. E.	Little Rock

## RANDOLPH COUNTY†

Baltz, M. A.	Pocahontas
Brown, J. W.	Pocahontas
Finney, Clarence	Maynard
Hamil, W. E.	Pocahontas
Handley, E. L.	Pocahontas
*Hughes, W. E.	Pocahontas
Loftis, J. R.	Pocahontas
Ryburn, J. W.	Pocahontas
Smith, J. E.	Reyno
Smith, Robt. Oscar	Biggers

## SAINT FRANCIS COUNTY†

Bogart, C. N.	Forrest City
Bogart, J. A.	Forrest City
Boggan, P. P.	Forrest City
Burch, N. B.	Hughes
Burch, W. D.	Hughes
Caldwell, A. B.	Forrest City
Chaffin, E. J.	Hughes
Davidson, J. S.	Forrest City
McCown, N. C.	Forrest City
Rush, J. O.	Forrest City
Winter, W. A.	Widener

## SALINE COUNTY

Blakely, M. M.	Benton
Buckley, E. A.	Bauxite
Burks, J. A.	Benton
Gann, Dewell Sr.	Benton
Jones, C. W.	Benton
Walton, Chas.	Leavenworth, Kan.
Ward, W. W.	Alexander
Watson, Thos. C.	Benton

## SCOTT COUNTY†

Bevill, Cheves	Waldron
Burnett, J. A.	Waldron
Duncan, B. W.	Waldron
Duncan, F. R.	Waldron
Duncan, L. D.	Waldron
Holitik, Geo. F.	Waldron
Jones, Paul	Mound Valley, Kan.
Sorrell, L. B.	Waldron

## SEARCY COUNTY†

Cotton, J. O.	Leslie
Daniel, Sam G.	Marshall
Fendley, E. G.	Leslie
Henley, J. A.	Marshall
Leslie, J. O.	Marshall
Pate, J. C.	Leslie
Rogers, W. F.	St. Joe
Wood, E. W.	Marshall

## SEBASTIAN COUNTY†

Amis, J. W.	Fort Smith
Benefield, C. E.	Fort Smith
Benefield, J. H.	Fort Smith
Billingsley, C. B.	Fort Smith
Blair, A. A.	Fort Smith

Brooksher, W. R.	Fort Smith
Buckley, J. H.	Fort Smith
Bungart, C. S.	Fort Smith
Coffman, J. S.	Lavaca
Dorente, D. R.	Fort Smith
Dorsey, H. C.	Fort Smith
Eberle, W. G.	Fort Smith
Epler, E. G.	Ione, Ark.
Foltz, J. A.	Fort Smith
Foster, M. E.	Fort Smith
Freer, B. W.	Fort Smith
Goldstein, D. W.	Fort Smith
Hall, C. W.	Greenwood
Henry, L. M.	Fort Smith
Hoge, A. F.	Fort Smith
Holt, C. S.	Fort Smith
Honomichl, O. R.	Hackett
Jeffery, T. E.	Fort Smith
Jeffery, V. J.	Fort Smith
Johnson, Hugh	Fort Smith
Johnson, J. E.	Fort Smith
Jones, E. B.	Hartford
Jones, I. F.	Fort Smith
Kennedy, C. H.	Fort Smith
Krock, F. H.	Fort Smith
McConnell, S. P.	Booneville
Means, C. S.	Fort Smith
Moulton, E. C.	Fort Smith
Moulton, H.	Fort Smith
Nowlin, R. R.	State Sanatorium
Ogden, J. C.	Fort Smith
Redman, Pierre	Fort Smith
Riley, J. D.	State Sanatorium
Rose, W. F.	Fort Smith
Scott, M. H.	Jenny Lind
Smith, H. H.	Fort Smith
Southard, J. D.	Fort Smith
Southard, J. S.	Fort Smith
Stevenson, E. H.	Fort Smith
Stevenson, J. E.	Fort Smith
Stubbs, S. P.	Fort Smith
Taylor, J. M.	Fort Smith
Ware, B. L.	Greenwood
Willingham, J. J.	State Sanatorium
Wolfermann, S. J.	Fort Smith
Woods, G. G.	Huntington
Wyatt, R. B.	Sulphur Springs
Yankoff, P. D.	Fort Smith

## SEVIER COUNTY†

Archer, C. A.	DeQueen
Clingan, A. J.	DeQueen
Dickinson, R. C.	Horatio
Graves, J. C.	Lockesburg
Hendrix, Ben E.	Gillham
Jones, I. G.	DeQueen
Kitchens, C. E.	DeQueen
Norwood, M. L.	Lockesburg
Phillips, C. M.	Levelland, Tex.
Yates, E. W.	Mena

## UNION COUNTY†

Cathey, A. D.	El Dorado
Cullins, J. G.	N. Chicago, Ill.
Elkins, W. N.	Junction City
*Ferguson, J. V.	El Dorado
Fincher, L. G.	El Dorado
Hardin, M. A.	Norphlet
Irby, F. L.	El Dorado
Kennedy, C. E.	Smackover
LeVine, David	El Dorado
Mahony, F. O.	El Dorado
Mayfield, H. F.	Huttig
McCall, Daniel	Lawson
McGraw, S. J.	El Dorado
Mitchell, J. G.	El Dorado
Moore, B. L.	El Dorado
Moore, J. A.	El Dorado
Munn, E. J.	El Dorado
Murphy, G. D.	El Dorado
Murphy, H. A.	El Dorado
Newton, W. L.	Smackover
Purifoy, L. A.	El Dorado
Purifoy, L. L.	El Dorado
Ritterman, Henry	Norphlet
Russell, M. V.	El Dorado
Sheppard, J. K.	Cascade, Ia.

Sheppard, J. M.	El Dorado
Slaughter, J. H.	Norphlet
Slaughter, J. W.	El Dorado
Smith, D. V.	Huttig
Smith, J. M.	Smackover
Vines, F. P.	El Dorado
Vines, C. L.	Kilgore, Tex.
Wharton, J. B.	El Dorado
White, D. E.	El Dorado
Wozencraft, W. L.	El Dorado

## WASHINGTON COUNTY†

Baggett, Jeff	Prairie Grove
Bean, J. L.	Morrow
Briley, J. H.	Springdale
Callen, Clyde B.	Fayetteville
Cooper, T. L.	Elm Springs
Ellis, E. F.	Fayetteville
Ellis, Ruth	Fayetteville
Fowler, W. A.	Fayetteville
Gilbert, A. A.	Fayetteville
Gray, T. E.	Winslow
Gregg, A. S.	Fayetteville
Harr, H. T.	Fayetteville
Hathcock, Alfred	Fayetteville
Hathcock, Preston L.	Fayetteville
Hathcock, P. L. Sr.	Fayetteville
Haugen, I. J.	Prairie Grove
Henry, R. T.	Springdale
Houston, Hugh	West Fork
McCormick, E. G.	Prairie Grove
Mock, W. H.	Prairie Grove
Morrow, F. R.	Fayetteville
Richardson, Fount	Fayetteville
Riggall, Cecil	Prairie Grove
Roberts, D. C.	Fayetteville
Robinson, James A.	Summers
Sisco, C. P.	Springdale
Walker, J. W.	Fayetteville
Wallace, J. M.	Fayetteville
Wood, H. D.	Fayetteville

## WHITE COUNTY†

Abington, E. H.	Beebe
Allbright, S. J.	Searcy
Brewer, T. E.	Beebe
Clark, W. A.	Bald Knob
Dunklin, A. J.	Searcy
Felts, W. R.	Judsonia
Hardy, F. P.	Center Hill
*Harrison, A. G.	Searcy
Havner, J. B.	Beebe
Hawkins, M. C. Jr.	Searcy
Hudgins, A. H.	Searcy
Little, R. L.	Judsonia
Parker, O.	Searcy
Peeler, C. M.	Pangburn
Sloan, D. W.	Beebe
Sloan, J. R.	Garner
Spain, A. L.	Letona
Tapscott, S. T.	Searcy
Walls, J. M.	Searcy
Woodyard, W. H. L.	Judsonia

## WOODRUFF COUNTY†

Biles, Lee E.	Augusta
Brewer, Edward F.	Augusta
Brewster, B.	McCrory
Brown, E. B.	Cotton Plant
Dungan, Calvin E.	Augusta
Evans, R. H.	McCrory
Fraser, R. L.	McCrory
Hays, J. F.	Augusta
Maguire, F. C.	Augusta
Mathis, W. J.	oCtton Plant
Morris, J. W.	McCrory
Murphy, Frank	oCtton Plant
West, J. H.	Grays
Wilkins, W. T.	oCtton Plant

## YELL COUNTY†

Ballenger, Wm. E.	Plainview
Grace, Jesse Kent	Mt. Nebo
Haster, E. J.	Dardanelle
Millard, Roy I.	Dardanelle
Montgomery, H. L.	Gravelly
Pool, Thomas J.	Ola

\* Deceased.

† Membership equals or exceeds that of 1933.

The membership roster of the Arkansas Medical Society for 1934 has been placed in the center of this issue of *The Journal* in order that it may be readily removed for filing.

## THE HAWKINS BLADDER, VAGINAL AND RECTAL GUIDE

MARTIN C. HAWKINS, JR., M. D., F.A.C.S.  
Searcy

This instrument is designed for the purpose of facilitating speed and safety in surgery of, and around the bladder, vagina and rectum, and as a diagnostic aid. It is particularly useful when placed in the bladder during an anterior colporrhaphy, vaginal hysterectomy, or abdominal hysterectomy, to definitely locate the limits of the bladder wall, especially in separating the bladder wall from adjoining tissues. Used in this manner it will prevent the accidental opening of the bladder or traumatization of its walls. It may also be used as a guide and support in surgery of, and around the urethra, and in fistulae of the urethra, bladder, vagina and rectum. The larger 24 mm. rectal bulb is designed to supplant the finger placed in the rectum when doing plastic work on the vagina or rectum, particularly in the

repair of an episiotomy wound as well as in old lacerations of the perineum and recto-vaginal structures, since it can be palpated through the vagina and avoids suturing into the rectum. In diagnosis, it may be used as a mechanical finger to determine the thickness, consistency and presence of palpable lesions and the tenderness of the bladder and rectum by palpating through the vagina against the rubber bulb.

**Advantages**—The soft rubber bulbs are relatively nontraumatic as compared with the metal sounds now generally used as guides. The rubber bulb acts as a base, guide and mobilizer in repairing fistulae, simulating the end of the finger if such could be placed in the bladder. The malleability of the handle insures any position or shape desired. The ring end of the handle can be used as a retractor of small parts, as of the bladder in vaginal hysterectomy. All bulbs fit the same handle.

### Resolution

WHEREAS, Dr. Walton W. Lowe was called by death at his home in Gillette, Arkansas, on the 16th day of September, 1934, after a few hours illness, and

WHEREAS, In the death of Dr. Lowe, Arkansas County lost one of its most distinguished and respected citizens, and

WHEREAS, In the death of Dr. Lowe, the Arkansas County Medical Society lost one of its most useful and loyal members, and

WHEREAS, This Society realizing to the fullest extent the loss which it has sustained in the sad passing of this brother and fully realizing the still greater loss sustained by those nearest and dearest to him,

THEREFORE, BE IT RESOLVED, That we extend to the family of our deceased member our tender condolences in this their hour of sorrow and commend them to the keeping of the Heavenly Father who looks with compassion upon those who mourn, and

BE IT FURTHER RESOLVED, That this resolution be spread upon the minutes of this meeting as a tribute to the memory of one who was held in the highest esteem and respect by his fellow physicians.

ARKANSAS COUNTY MEDICAL SOCIETY,

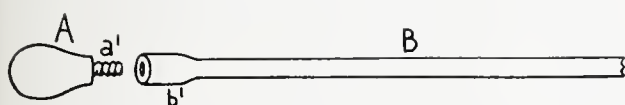
M. C. John, *President*.

J. E. Neighbors, *Secretary*.

C. E. Park,

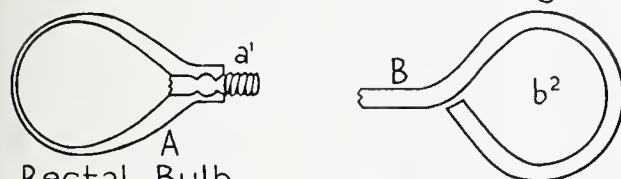
Homer Whitehead,

*Resolutions Committee.*



Bladder and Urethral Bulb

8 m.m. Diam. — 16 c.m. Long



Rectal Bulb

Long Section • 24 m.m Diam. • 4 c.m. Long

Description—*Figure 1*

A. Bulb—Soft, semi-elastic, non-collapsible hollow rubber bulb, sizes 6, 8, 10 and 12 mm. in diameter by  $1\frac{1}{2}$  to 2 cm., corresponding to the different diameters. Rectal bulb 24 mm. by 4 cm.

A'. Metal attachment— $1\frac{1}{2}$  cm. long. Part that fits into grooved end of bulb is concentrically ridged or knobbed to fit groove in open small end of the bulb. The portion of the wall of the bulb to which this metal piece is attached is thickened as illustrated. Projecting screw end of metal attachment is 3 mm. in diameter so as to fit screw socket (b') of handle, thus making the circumference of the bulb uniform with the attachment end of the handle.

B. Handle—A rod 27 cm. long, 3 mm. in diameter, of soft non-corrosive metal (malleable), with screw socket (b') 5 mm. in diameter for reception of bulb screw. Proximal end of the handle is  $3\frac{1}{2}$  by  $3\frac{1}{2}$  cm. in ring shape (b').



## Proceedings of Societies

The Southeast Arkansas Medical Society met at Monticello September 17th for the following program:

"Practical Points in Gynecology"—Percy Wood, Memphis.

"Toxemia of Pregnancy"—Percy Russell, Memphis.

"Epidemiology of Malaria"—A. M. Gibbs, Hamburg.

The Tenth Councilor District Medical Society met at Fort Smith on September 18th with operative clinics conducted at Sparks Memorial and St. Edward's Mercy Hospitals by Drs. J. H. Buckley, M. E. Foster, A. F. Hoge, C. S. Holt, F. H. Krock and J. A. Foltz. The following dry clinics were presented: "Glioma of Retina," E. C. Moulton; "Heart Disease," A. A. Blair; "Malaria," M. S. Dibrell; and "Demonstration of the Warwick Ionode Machine," R. T. Smith. The following papers were presented at the afternoon session: "Obstetrics in the Country," Thos. Douglas, Ozark; "Differential Diagnosis of Pulmonary Tuberculosis," C. R. Williams, State Sanatorium; "Advisability of Routine Physical Examination, Particularly of Women Between Thirty-five and Fifty Years Old," Ruth Ellis, Fayetteville; and "Pain in Heart Disease," A. B. Chase, Oklahoma City. Newly-elected officers are: I. F. Jones, Fort Smith, President; J. D. Riley, State Sanatorium, Vice-president; and Fount Richardson, Fayetteville, Secretary. The 1935 meeting will be held in Fayetteville.

Woodruff County Medical Society has elected the following officers: President, J. H. Hays, Augusta; Vice-president, W. T. Wilkins, Cotton Plant; and Secretary-Treasurer, L. E. Biles, Augusta.

The Pulaski County Medical Society was addressed October 1st by Dr. John L. Kantor, New York, on "Functional Disturbances of the Gastro-Intestinal Tract," and by Paul B. Magnuson, Chicago, on "Diagnosis of the Causes of Low Back Pain."

The society was addressed at a special meeting October 6th by A. C. Ivy, Chicago, on "Etiology and Therapeutic Rationale of Peptic Ulcer."

The Mississippi County Medical Society met at Blytheville October 2nd, for a program by Memphis physicians: "Skin Diseases," R. G. Henderson, and "Allergy," J. P. Henry.

F. D. SMITH, *Secy.*

At the October 9th meeting of the Sebastian County Medical Society the following program was presented: "Some Phases of Acute Pelvic Inflammatory Disease," J. S. Southard, and "The Toxemias of Pregnancy," J. W. Amis.

Over 75 physicians attended the fourth clinical conference of the staffs of the Leo N. Levi Memorial Hospital and Charles Steinberg Clinic at Hot Springs National Park, October 11th. In addition to the guest speakers, Col. W. B. Meister, Chief of Medical Service, Army and Navy General Hospital, and Geo. R. Livermore, Professor of Urology, University of Tennessee, the following staff members participated in the program: Drs. W. M. Blackshare, J. O. Boydstone, Howell Brewer, W. W. Chamberlain, V. F. Diederich, G. B. Fletcher, L. E. King, O. H. King, W. G. Klugh, M. F. Lautman, D. C. Lee, C. H. Lutterloh, H. O. Lynch, L. G. Martin, O. J. MacLaughlin, A. R. Power, H. H. Preston, E. M. Smith, D. B. Stough, A. G. Sullivan, F. S. Tarleton, A. H. Tribble, H. K. Wade and S. D. Weil.

The Second Councilor District Medical Society met in dinner session at Batesville October 8th. Speakers were: F. O. Mahony, El Dorado, "The Medical Practitioner in This Changing World"; E. C. Mitchell, Memphis, "The Upper Respiratory Tract Infections of Children"; Joe F. Shuffield, Little Rock, "Principles in the Treatment of Some Common Fractures"; and H. H. McAdams, Jonesboro, "Fibroid Tumors of the Uterus" (motion picture presentation). The following officers were elected: President, J. T. Matthews, Heber Springs; Vice-president, Paul Jeffery, Bethesda; and Secretary-Treasurer, O. J. T. Johnston, Batesville. The society will meet at Batesville during April, 1935.

O. J. T. JOHNSTON, *Secy.*

Pope County Medical Society met in dinner session at Russellville October 11th

for the following program : "Gall Bladder Disease and Associated Pathology," John M. Smith and "Dietetic Treatment of Gall Bladder Disease," Robert Hood.

The Fifth Councilor District Medical Society met at Camden October 11th with more than 60 physicians in attendance to hear Dr. Hugh Leslie Moore, Dallas, President, Southern Medical Association; Dr. Geo. Carlisle, Associate Professor of Clinical Medicine, Baylor University, Dallas; and Dr. J. A. Warner, Professor of Bacteriology, Saint Louis University.

### Personal and News Items

Speakers at the Tri-State Medical Society, Shreveport, October 16th and 17th, were: L. J. Kosminsky, responding to address of welcome, and B. A. Rhinehart, on "Modern Gastroenterology."

Ira Ellis has been elected a director of the Monette Chamber of Commerce.

C. W. Garrison has accepted an appointment as City Health Officer of Lexington, Kentucky.

T. T. Ross, Arkadelphia, who was awarded a Rockefeller scholarship in Public Health at Harvard University, began his studies October 1st. Dr. Myron Smith, formerly with the Lonoke County Health Unit, will relieve Dr. Ross with the Clark County Unit.

C. M. Harwell, Osceola, addressed the Frisco System Medical Association at Saint Louis, October 8th on "The General Practitioner in Obstetrics."

R. J. Calcote, Little Rock, was granted the certificate of the American Board for Ophthalmic Examinations on September 8th.

"The Practitioner of Medicine in This Changing World," by President Mahony appears in the September *Tri-State Medical Journal*.

H. A. Stroud addressed the Jonesboro Nurses' Association October 2nd on "Cooperation of Physicians With the Nurses' Registry."

B. D. Luck, Sr., Pine Bluff, took post-graduate work at the Mayo Clinic in September.

Visitors to the Century of Progress during September were Dr. and Mrs. H. T. Smith, McGehee, and Dr. and Mrs. W. G. Hodges, Malvern. Dr. Smith also attended the Conference of State Secretaries held on September 21st.

The National Research Council has awarded Paul L. Day, Little Rock, a grant of \$250 for work on vitamin G.

Joe W. Reid has opened an office for practice at Arkadelphia.

W. B. Grayson addressed the Crawford County Council of Women at Alma, October 6th, on "Health."

The Arkansas State Nurses' Association was addressed at its meeting in Texarkana, October 30-31st, by Drs. W. B. Grayson, L. J. Kosminsky, R. R. Kirkpatrick, and J. K. Smith.

E. M. Gray, Evening Shade, has moved to Mountain Home where he will be associated in practice with J. T. Tipton.

S. A. Drennen was elected acting mayor of Stuttgart October 3rd.

Drs. Geo. F. Jackson and F. W. Caruthers, Little Rock, addressed the Lincoln County Medical Society September 7th.

"Preventing Arthritis," by M. F. Lautman, Hot Springs National Park, appears in the November issue of *Hygeia*.

The Holt-Krock Clinic, Fort Smith, has moved offices to their own building, the former Saint John's Hospital.

The following attended the Fall Clinical Conference of the Kansas City Southwest Clinical Society: C. S. Bungart, Fort Smith; J. H. Fowler, Harrison; L. Gardner, Russellville; J. G. Gladden, Western Grove; E. J. Haster, Dardanelle; Robert Hood, Russellville; H. Fay H. Jones, Little Rock; F. H. Krock, Fort Smith; D. L. Owens, Harrison; C. P. Cisco, Springdale, and R. L. Smith, Russellville.



## Auxiliary Page

MRS. D. W. GOLDSTEIN, *Publicity Secretary*.  
616 North Greenwood Ave., Fort Smith.

The annual fall executive board session of the Woman's Auxiliary to the Arkansas Medical Society was held September 27th at the Albert Pike hotel, with 20 state officers, committee chairmen and presidents of county auxiliaries in attendance.

The business session, followed by luncheon, was presided over by Mrs. Wm. Hibbits, president. Mrs. L. J. Kosminsky of Texarkana, successor to the late Mrs. R. R. Kirkpatrick of Texarkana, as treasurer, was introduced. The resignation of Mrs. P. M. Smith, Magnolia, fourth vice-president, was accepted and Mrs. J. B. Jameson, Camden, elected. The resignation of Mrs. D. W. Goldstein, Fort Smith, parliamentarian, was accepted and Mrs. F. M. Williams, Hot Springs, elected.

Business included discussion of programs to be carried out this winter by county auxiliaries under auspices of the state auxiliary. Stress was laid upon education, public health, public relations and physical health examination.

State officers attending were: Mesdames H. E. Murry, Texarkana; D. W. Goldstein, Fort Smith; B. A. Rhinehart and Chas. E. Oates, Little Rock; P. H. Phillips, Ashdown; C. G. Hinkle, Batesville; Marcus T. Smith, Conway; Chas. E. Garratt, Hot Springs; Anderson Watkins, Little Rock; P. M. Smith, Magnolia; and Mrs. C. W. Garrison, Little Rock. State chairmen of committees present were: Mesdames Garratt; J. T. McLain, Gurdon; C. E. Oates; B. A. Bennett, Little Rock; S. A. Collom, Texarkana; Pierre Redman, Fort Smith; S. R. Hinkle; Curtis Jones, Benton; C. A. Archer, DeQueen; L. H. Lanier, Texarkana; E. A. Callahan, Carlisle; and T. G. Porter of Hazen. County presidents attending were: Mesdames J. E. Stevenson, Fort Smith; C. E. Kitchens, DeQueen; L. S. Dunnaway, Jr., Conway; L. T. Evans of Batesville, and A. L. Carter of Berryville.

Miller and Bowie County Auxiliary meeting on September 7th preceded a beautifully appointed luncheon given by the president, Mrs. Decker Smith in the Grim Hotel honoring the officers of the Texas and Arkansas Medical Auxiliaries, Mrs. Preston Hunt, Texas president; Mrs. William Hibbits, Arkansas president; Mrs. L. J. Kosminsky, Arkansas treasurer; Mrs. J. T. Robinson, Texas corresponding secretary, and Mrs. H. E. Murry, Arkansas recording secretary. Plans were completed for the entertainment of the Texas executive board on October 20th.

On September 9th we held our public relations meeting for the year. Dr. S. E. Thompson of Kerrville, Texas, president of the Texas State Medical Association, sponsored by our Auxiliary,

addressed a large audience on "Health Problems Are Individual Responsibilities."

MRS. JOE TYSON, *Chairman*  
*Publicity Committee*.

Mrs. B. V. Powell and Mrs. Sam Thompson were hostesses to the Auxiliary of the Ouachita County Medical Society on Thursday evening at the Powell home. Quantities of roses of varied hues were used as decorations throughout the house and a delicious three-course dinner was served by the hostesses. Covers were laid for ten members. The following new officers were installed: Mrs. B. V. Powell, president; Mrs. J. S. Rinehart, president-elect; Mrs. R. C. Kennerly, vice president, and Mrs. J. B. Jameson, secretary-treasurer.

The Woman's Auxiliary to the Arkansas Medical Society extends greetings and a happy welcome to our new auxiliary, the Lawrence County Auxiliary with Mrs. P. C. Neece, President.

We wish to express our sincere sympathy to Dr. W. H. Poynor and family of Harrison, and to the Boone County Medical Auxiliary in the loss of Mrs. Poynor, who passed away during the summer.

### AN INVITATION

The Woman's Auxiliary to the Southern Medical Association will meet in San Antonio, Texas, November 13th to 16th.

Headquarters for the women will be in the St. Anthony Hotel, where all meetings, luncheons and dinners will be held.

It is earnestly desired that our women of the South will make every effort to attend this meeting "*en masse*." Your presence will not only help the meeting but will be a great inspiration to you yourselves. San Antonio is delightful and everything possible is being done to make your visit enjoyable.

A cordial and pressing invitation is extended to everyone to attend the Auxiliary Luncheon on Wednesday, Nov. 14th, to meet Mrs. Robert Tomlinson, National Auxiliary President, and other distinguished guests.

Most cordially yours,

MRS. SOUTHGATE LEIGH, *President*.

The outgoing and incoming Presidents, Mesdames O. J. T. Johnston and L. T. Evans, of the Auxiliary to the Independence County Medical Society, and their husbands, were the honor guests at a lovely dinner given recently by Dr. and Mrs. G. T. Laman of Cave City. The members of both the Independence County Medical Society and the Auxiliary were invited to this dinner at the Barnett Hotel. Twenty-one guests were present. After the dinner they attended the picture show, where seats had been reserved for them.

## Book Reviews

**Postures and Practices during Labor Among Primitive People, Adaptions to Modern Obstetrics, with chapters on taboos and superstitions and postpartum gymnastics:** By Julius Jarcho, M. D., F. A. C. S. 160 Pages with 130 illustrations. Published by Paul Hoeber, Inc., New York. Price \$3.50.

This work is the result of extensive study of the postures and practices of primitive peoples of yesterday and today. It covers the field both as to time and territory and clearly shows that all people for all time have given thought to the treatment of difficult labors. While more attention has been given to the postures and maneuvers looking to the assistance of the woman in labor, a very complete study of the taboos, charms, religious and crude medical practices of the primitives is included. The author shows that many of their practices, both postural and medicinal are, though highly refined, in use today. Body glands, the placenta, urine, etc., both of humans and of lower animals, were used by the ancients. Now some of these are the highest priced items in the modern drug store and millions are being spent on their study. He gives credit for their efforts and deals gently with their cruelties.

Being Jarcho he could not fail to give us the practical value of his studies. The chapter on Anthropology and Post-partum Gymnastics alone is worth the price of the book.

It is well printed and bound and extensively illustrated.

—S. B. H.

**The Complete Pediatrician: Practical, Diagnostic, Therapeutic and Preventive Pediatrics.** By Wilburt C. Davison, M. A., D. Sc., M. D., Professor of Pediatrics, Duke University School of Medicine, Fellow American Academy of Pediatrics and American College of Physicians, Member White House Conference, etc., Duke University Press, 1934.

The compact volume contains essentials of pediatrics, arranged in the order of use in practice; history, examination, diagnosis and treatment. The findings are listed and under these will be found their explanation, a departure from customary text-book style. Cross-references, well done, add to the usefulness of the book. It is recommended to all physicians interested in pediatrics.

**Radiologic Exploration of the Mucosa of the Gastro-Intestinal Tract.** By the Cole Collaborators: Lewis Gregory Cole, M. D., Robert E. Pound, M. D., William Gregory Cole, M. D., Russell R. Morse, M. D., Courtenay I. Headland, M. D., and Ames W. Maslund, M. D. Price \$7.50. Pp. 336, with 262 illustrations. St. Paul and Minneapolis: Bruce Publishing Company, 1934.

This volume is a description and analysis of the fundamental roentgenologic principles upon

which the roentgenological diagnosis of various gastro-intestinal tract lesions must be based. The authorship recommends the work to every roentgenologist, veteran or neophyte. The senior author routinely employed, as early as 1910, the mucosal relief study of the gastro-intestinal tract, now the subject of a voluminous literature. Always an adherent of serial roentgenograms as opposed to roentgenoscopy, Cole describes an essentially roentgenographic technic in this volume, the satisfactory results of which, as performed by Cole, are conceded by other roentgenologists, the majority of whom rely upon screen observations. The work deals with (1) the lumen of the tract viewed in profile, (2) special folds of the mucosa viewed on edge, (3) pliability of the mucosa to peristaltic contraction, and (4) the mucosal pattern folds, all as applied to the examination of the esophagus, stomach, duodenum, small bowel and colon. The monograph is well-written indeed, typographically attractive, and is to be read and studied with profit by roentgenologists and gastro-enterologists. It is also recommended to those physicians who wish a familiarity with the fundamental principles of roentgenologic diagnosis of gastro-intestinal tract lesions.

**Colwell's Daily Log For Physicians.** By John B. Colwell, M. D., Colwell Publishing Company, Champaign, Illinois. Price \$6.00.

This is an exceedingly compact, yet complete financial record system, well printed and durably bound. Provision is made for a complete daily record of all patients treated with the financial disposal of each case. The monthly summary and expense sheet are of definite value in accurate record-keeping and provide in an efficient manner the information which most physicians frantically seek about March 12th from cancelled checks and receipted bills. Special records, as obstetrical cases and personal accounts, complete this well-arranged book. To the physician who experiences difficulty in arranging his income tax forms and who desires a more accurate summary of the cycle of his professional success, this book is a welcome solution.

**The Sinister Shepherd: A Translation of Girolamo Fracastoro's Syphilidis Sive De Morbo Gallico Libri Tres,** by William Van Wyck. The Primavera Press, Los Angeles. 1934. \$4.50.

This poem was published in 1530 by Girolamo Fracastoro, the Veronese physician who was considered to be one of the foremost scholars of Italy. Aside from its value as a poem, this work gives the reader a good idea of the theories of the origin, cause, symptoms and treatment of syphilis in the sixteenth century. Some of his theories are no longer held in esteem, but the reader will appreciate his proximity to the truth in many instances.

The translation by William Van Wyck theorizes that syphilis was brought back to Europe by Columbus and his sailors, but Fracastoro believed that it had been present in Europe for several centuries. Astrologers believed that



syphilis was caused by the planets, while theologians believed that God had sent it to punish the wicked. Francastoro saw that the affection was of a contagious nature and an infection of the blood, harmful to man. He observed that the union of sexes or the contact of babies with wet nurses, could cause it.

The poem describes the cutaneous manifestations of the infection, especially the serous, pustular and scabby forms. It mentions the falling of the hair, the syphilitic lesions of the palate, pharynx and eyes; inflammation of bones, localized nocturnal pains, anemia, general debility and cachexia.

In the treatment the author of the poem advocates mercury above all other forms of treatment. Red oxide of lead was used to dry the ulcers. Storax was used as a stimulant and antimony was used to cause sweating. Peas, leeks, cucumbers, pork and liquor, were forbidden. Some thought that oranges and lemons produced cures.

—E. I. T.

**That Heart of Yours.** By S. Calvin Smith, M. D., Sc. D., 212 pages. Published by J. B. Lippincott Co., Philadelphia. Price \$2.00.

This book might well be the first prescription given a patient suffering from any form of cardiac trouble. Though it does not minimize the seriousness of any cardiac condition, it brings to the suffering reader an assurance that the regime laid down for his guidance by his physician, if followed conscientiously, will not necessarily be in vain, that there is a wide field of usefulness and pleasure open to the cardiopath, and that heart disease need not inevitably shorten life. It emphasizes the fact that symptoms frequently referred to the heart are not always evidences of heart disease, but may be warnings of trouble elsewhere and their appearance should be immediately followed by a thorough physical examination.

A safe, hopeful, well-written book, authoritative, and muchly needed at this time.

—L. F. B.

**Spinal Anesthesia.** *Technic and Clinical Application.* By George Rudolph Vehrs, M. D., Salem, Oregon. Cloth, 269 pages, illustrated. Price \$5.50. The C. V. Mosby Company, St. Louis, 1934.

This book, as the author states in the preface, "constitutes a survey of the experimental and clinical records in the field of spinal anesthesia for the past forty-nine years."

The subject is very thoroughly and completely covered in a concise and exceedingly instructive manner. Beginning with the definition the author carries you through the history, special anatomy, heart and respiration, general circulatory and metabolic factors, indications, contraindications, complications and mortality, special care of patients, technique, operations, regional and total anesthesia, and finishes with a short discussion on spinal anesthesia in obstetrics. The chapters on general circulatory and metabolic factors and on the care of patients under spinal

anesthesia, which includes the selection of patients for this type of anesthesia, preoperative and postoperative care, are especially interesting.

Spinal anesthesia unquestionably has a large place in surgery today, and, as Doctor Vehrs states in his conclusion, "any surgeon who has qualified himself in the application of spinal and regional anesthesia has done more for the preservation of the patient's life than can be done by any other measures. He is using an analgesic which preserves the normal metabolic processes while all the nonvital functions are placed at rest and the blood sugar and oxygen are mobilized to support the heart, respiration and brain-stem centers."

This monograph will be of invaluable service to every surgeon who reads it.—M. E. F.

**The Laboratory Notebook Method in Teaching.** *Physical Diagnosis and Clinical History Recording.* By Logan Clendening, M. D., Professor of Clinical Medicine in the University of Kansas. Pp. 71, Price fifty cents. C. V. Mosby, Publishers, St. Louis.

In this small volume the author has presented in a concise, but all inclusive manner, the important points in obtaining a complete and exact history as well as presenting the most systematic and logical manner of obtaining the salient points in a routine physical examination. Besides giving information as to the best method of obtaining this material, the author also presents methods of recording this information in a manner to be of most assistance in making the diagnosis and recording the progress of the case.

This book is an excellent work and a great aid in routine history taking and physical examination. It should be of especial interest to internes and medical students.—T. P. F.

## THE USE OF RADIUM

The following resolution was presented by the Executive Committee and adopted unanimously by the American Radium Society, Cleveland Session, June 12, 1934.

WHEREAS, it has been proven that radium and x-ray, when used properly and in sufficient quantity, is efficient in the treatment of cancer in certain locations, and

WHEREAS, there is a general fear in the public mind from x-ray or radium burns, which because of this fear, prevents competent radiologists from using sufficient radium or x-ray to produce the best results.

BE IT RESOLVED that we as radiologists recognize that in the treatment of malignant disease, it is often necessary to carry the treatment on to the extent of producing a violent reaction in the surrounding tissues, which may cause the skin to peel, and blisters to form, in order to give sufficient treatment to overcome the malignant disease. We believe, therefore, that it is justifiable to produce a second degree radiodermatitis when necessary.

## MEDICAL MEN FOR THINGS MEDICAL

"The principle that medical men should be the ones to exercise control over medical service is almost axiomatic. Yet there is confusion of thought where there could be straight thinking if all the facts were brought out and faced.

"There are those who would virtually make the physician an employee of the state. They fail to recognize the utter incompatibility between the American political system and the methods of truly professional men.

"There are those who complain about the scarcity of physicians. Yet it is a fact that while England has one doctor for 1,490 persons, France one for 1,690, and Sweden one for 2,890, there is in the United States one physician for every 780 persons.

"There are those who denounce our hospitals on the score of high charges for service, but the truth is that the cost per day of a hospital room with meals and the day and night personal ministrations required by an invalid is usually less than a well person would pay for mere room and meals in a first-class hotel.

"There are those who would like to let down the bars to self-medication. Yet the fact is that during the last few generations the average span of human life has been extended ten years, chiefly through the discoveries of medical science.

"Physicians know these things. They spend years acquiring an education on the care and repair of the most marvelous mechanism on earth—the human body. But they would readily admit that this education does not qualify them for telling railroad executives how to solve transportation problems or impressarios how to stage

an opera. The work of the world needs many kinds of specialized knowledge, but certain it is that each field of work will be best managed by those who know it best."—*From Mead Johnson & Company's announcement in Hygiea, August, 1934.*

Contrary to popular belief, it is both the heat and the humidity that make one uncomfortable in hot weather, according to Dr. Lee D. Cady whose article "Your Skin Is Your Refrigerator" appears in the August *Hygiea*.

If the kidneys are healthy, one may increase the amount of common salt in the food or even drink a little in water. If the day is extremely hot, one may need a total intake of salt amounting to about 1 heaping teaspoonful. The added salt replaces that lost from the blood stream by excessive perspiration; if its normal constituents are not supplied, the blood stream passes on its starvation for salts to the tissue cells.

Overdrinking of fluids should not be indulged in, for that tends to produce the very thing that should be avoided; namely, a relatively great salt concentration in the tissue cells.

Food should be varied to be more suitable for hot weather. One does not need much heat-producing food such as meat and other proteins, the digestion of which throws off heat.

## ERRATUM.

## CHILDHOOD TUBERCULOSIS

A. A. BLAIR, M. D., F. A. C. P.

A typographical error occurs in the twenty-ninth line, page 76, October issue of *The Journal* in which it is stated that 25 per cent phenol is used as a preservative. This should read twenty-five hundredths per cent.

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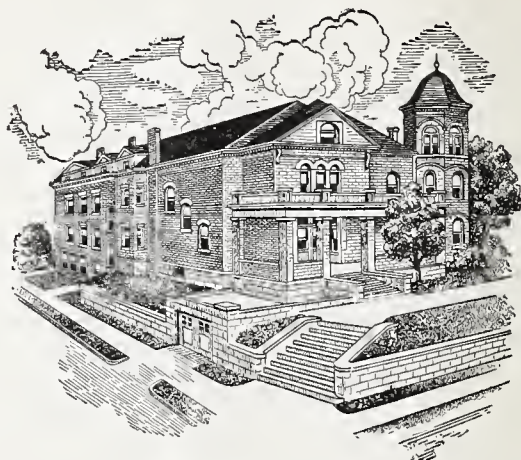


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# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL



Vol. XXXI

FORT SMITH, ARKANSAS, DECEMBER, 1934

No. 7

## UTERINE HEMORRHAGE\*

I. FULTON JONES, M. D.

Fort Smith

Menorrhagia or metrorrhagia, or any abnormality of the menstrual flow is not physiological. Most women suspect this, and all doctors should be certain of it. Unfortunately, many women still attach little importance to this supposedly temporary disturbance of the menstrual flow. The fact that any abnormality of the menstrual flow indicates, without exception, a cause of disease, must appear axiomatic to any scientific as well as any informed person.

The determination of the cause has been and still is impossible in countless cases. Yet that fact does not excuse the medical profession from using all their facilities and knowledge in search of the underlying pathology. We should ever remember Lawson Tait's admonition, "any practitioner seriously neglects his duty who undertakes the treatment of a patient in which menorrhagia is a symptom, without carefully informing her of the utter uselessness of such treatment until there is a clear perception of the condition present."

The equipment necessary to carry out these fundamental examinations is neither bulky nor expensive. The main requirements are time, intelligence, plus the natural senses, with a good light and a bivalve speculum. Yet, with these minimum requirements, we find that too many doctors are too lazy, too busy, or too ignorant to demand a pelvic examination before treatment is instituted.

I have always found that any diagnosis is made easier if it can be classified under a "rule of thumb." Cullen classified uterine hemorrhage under two headings; one, those dependent on recent pregnancy, and two, those independent of recent pregnancy. Under each one of these classifications he lists a number of causes which I will divide into five groups, so that we have a

heading for each "finger," the two main headings being represented by the two hands.

The five headings under the first classification, those conditions dependent on recent pregnancy, are:

1. Placenta Praevia.
2. Premature Separation of the Placenta.
3. Retained Secundines.
4. Hydatid Mole and Chorio-epithelioma.
5. Tubal Pregnancy.

**PLACENTA PRAEVIA.**—Here we have the history of pregnancy with bleeding appearing after the fourth month. We find, without fail, sufficient bleeding to account for the symptoms present.

**PREMATURE SEPARATION OF THE PLACENTA.**—We have the history of pregnancy and we are most interested in trying to prevent an abortion. If this condition appears in the latter months of pregnancy it is sometimes hard to differentiate from placenta praevia. In this case we do not find sufficient vaginal bleeding to account for the symptoms.

**RETAINED SECUNDINES.**—Here we have the history of pregnancy, but we must ever be on the lookout for the patient who wants a curettement. Be sure that she has seen some pieces of "flesh" passed.

**HYDATID MOLE.**—We remember the beautiful illustration in the text-book and will always recognize it. Fortunately it is not common. We find a woman with the history of pregnancy, who for some unaccountable reason is not going along as well as she should. We do not want to interrupt the pregnancy, but something has to be done. When we begin to dilate the womb we notice these "grape-like" clusters, and wonder if it will be necessary to do anything radical to prevent a chorio-epithelioma. It is well to remember that chorio-epithelioma develops in the musculature of the uterus and that you can not obtain any information from scrapings. The only treatment is hysterectomy. As there are a number of cases of hydatid mole which do not become malignant, each case should be watched, studied, and followed by the Aschheim-Zondek

\* Read before the Fifty-ninth annual session of the Arkansas Medical Society, held in Little Rock, April 16-18, 1934.



test. As long as that test is negative, then it is considered safe to wait; but if it is positive, then a hysterectomy should be performed.

**TUBAL PREGNANCY.**—Thirty years or so ago this diagnosis was rarely made before operation. Now we not only make practically all of them in which rupture has taken place, but pride ourselves in making the diagnosis before rupture. A patient who has gone over two weeks and begins to bleed a few drops and has a peculiar sensation in one side of the lower abdomen should be watched very carefully for a tubal pregnancy; especially so, if she has had one child and it is several years of age. A vaginal examination will usually give you a mass or a peculiar feeling on one side of the adnexa. You should treat that patient as a case of unruptured tubal pregnancy until proved otherwise. An Aschheim-Zondek test will aid very materially. A pregnancy in one horn of a bicornate uterus is a tubal pregnancy in relation to the non-pregnant side.

We now go to the second division or "hand"; those conditions that are not related to recent pregnancy, namely:

1. Hemorrhage due to constitutional conditions.
2. Hemorrhage due to benign changes in the mucosa of the cervix and body of the uterus.
3. Hemorrhage due to malignant changes in the mucosa of the cervix and body of the uterus.
4. Hemorrhage due to the presence of uterine tumors.
5. Hemorrhage due to disease of the adnexa.

**HEMORRHAGE DUE TO CONSTITUTIONAL CONDITIONS.**—Here we find the blood dyscrasias. According to Kahn, Virchow, Novak, Weibel and Kelly it seems doubtful if its importance is sufficiently recognized. Uterine hemorrhage is sometimes the primary and most important symptom of an underlying blood dyscrasia. It has been found in all blood dyscrasias but thrombocytopoenic purpura and leukemia seem the most common.

**HEMORRHAGE DUE TO BENIGN CHANGES IN THE MUCOUS MEMBRANE OF CERVIX AND BODY OF THE UTERUS.**—Under this heading we find polypi, both cervical and endometrial; also atrophic mucosa in elderly women. Polypi conform to the histology of the tissue from which they arise. There are larger hemorrhages from the endometrial than from the cervical type. They are rather difficult to diagnose if not seen on vaginal examination. They can

cause profuse hemorrhages. We occasionally see hemorrhage from the mucosa in elderly persons.

**Hyperplasia of the Endometrium.**—This term has borne the brunt of many undiagnosed cases. Whenever the etiology of the hemorrhage was obscure and the physician in doubt, he put it under this classification. Here we have the profuse and prolonged menstrual periods. Curettage was the treatment "par excellence" until the recent studies of Aschheim-Zondek, Novak and others. Now we know that the uterus was simply the offending organ and the cause was from the hormones of the ovary and the pituitary. The present belief is that this condition is one of the functional type, similar to that seen in young girls. The treatment of course must be different, for in the young individuals we must try and preserve the ovarian function; in the elderly it is not of such importance. The story is a long one that has been climaxed by the brilliant work of Smith, Engle, Ascheim and Zondek in their demonstration of the role played by the anterior pituitary lobe over the function of the ovary. The theory is that the hyperplasia is due to a lack of the luteinization hormone.

Immediately after menstruation, the follicles begin to mature and for some reason one of them ripens first and becomes the governing hormone of the period. This period is controlled by the hormone from the anterior pituitary called, Prolan A. The follicle ruptures about the 13th day when the corpus luteum starts and reaches its maturity at the onset of menstruation. The governing hormone from the pituitary is called, Prolan B, and the corpus lutein hormone is called Progestin. The first half of the development of the endometrium is nonsecretory, becoming secretory under the luteinizing hormone. If for any reason the luteinizing hormone does not appear then there will be no secretory development of the endometrium and a hyperplasia with some areas of focal necrosis results.

**HEMORRHAGE DUE TO MALIGNANT CHANGES IN THE MUCOSA OF THE CERVIX AND BODY OF THE UTERUS.**

It is common sense that cancer must have some starting place of a few cells and a true early cancer is a microscopic rather than a physical fact. Probably no human organ so consistently exhibits early recognizable signs of malignant disease as does the uterus and probably no early signs are so consistently ignored. Very rare indeed does malignant disease occur without increased and irregular hemorrhage; this is

the one and constant symptom and occurs early in the disease. The early diagnosis of malignant disease depends upon a number of factors. One of the most important is the opportunity given the practitioner by the patient of making a complete investigation immediately when any signs or symptoms of possible malignant disease are noticed. The possibility of cure of carcinoma may be said to rest on the date at which it is diagnosed; for the earlier it is treated, either by knife or radium, the better for the patient.

Carcinoma of the cervix is generally preceded by some damage to the cervix and so it most commonly occurs in parous women. There is no doubt that its incidence will be greatly reduced if every woman at the end of child-bearing period has her cervix examined and, if necessary, cauterized or repaired. Carcinoma of the body of the uterus occurs invariably after the menopause and often in unmarried women, while that of the cervix appears at an earlier age and generally among parous women. It is here we get the tragedy of the mother of the young family struck down when she is needed most. The vaginal portion of the cervix is covered with squamous epithelium while the cervical canal is lined with the high cylindrical mucosa that produces the mucous plug in pregnancy. Carcinoma may develop from any of these types of glands.

**Squamous Cell Carcinoma of the Cervix.**—In the late stages this is easily recognized as the "cauliflower" type of carcinoma. When we find this condition we usually see the entire cervix and surrounding vagina a mass of carcinomatous extension. In recent years these cases have become less numerous. We are seeing, due to increased education along these lines, numerous cases in which our facilities are taxed to determine whether the case is one of the carcinoma or not. I treat these patients as a problem to which the answer is carcinoma. If I am proved wrong, I feel that I have erred on the side of safety for them. If they are treated as though non-malignant until proven so, many lives will be needlessly sacrificed. Any woman that presents herself is entitled to a thorough examination; the cervix being treated with Lugol's solution, and if suspicious after this, a biopsy should be made. A biopsy under the electrical knife is best but if you do not have that advantage, then with the ordinary knife. Do not be satisfied with one biopsy if you still feel that there are some areas of carcinoma present. Sedimentation time with a complete blood count, are also of some aid.

**Adeno-Carcinoma of the Cervix.**—Beginning

in the cervical canal, it is the most malignant of all malignancies and fortunately the rarest. Unless it has grown down into the external os it will not be seen on vaginal examination.

**Adeno-Carcinoma of the Body of the Uterus.** This can be diagnosed only by a curettage. One should not hesitate to do a diagnostic curettage and have the scrapings examined by a competent pathologist. It is only by such means that the proper diagnosis and treatment can be instituted.

Carcinoma will rarely be overlooked by the man who has "carcinoma on the brain." There are few doctors today who do not know that abnormal bleeding or discharge at middle life may mean carcinoma; yet many of them, not from ignorance, but from apathy and lack of thoroughness, delay in instituting proper treatment at the proper time.

**HEMORRHAGES DUE TO PRESENCE OF UTERINE TUMORS.**—Here we find the common fibroid. It is usually interstitial at the beginning and gradually grows. This growth may be toward the mucosa or serosa. If to the mucosa, we find it projecting into the cavity of the uterus and causing severe hemorrhages. If it grows the other way, it is usually pedunculated and rarely causes the severe hemorrhages that the other does. Under this classification we find the adeno-myoma. The muscular wall here is transformed into a hard, coarse, diffuse mass. Rarely do these undergo sarcomatous degeneration.

**HEMORRHAGES DUE TO ADNEXAL DISEASE.**—We find it in purulent salpingitis and it must be differentiated from unruptured tubal pregnancy. The Friedman test assists in the diagnosis. The ovaries are usually secondarily involved with the tubes and the entirety is one mass. Ovarian cysts and tumors are differentiated by a bimanual examination.

#### DISCUSSION

H. W. HUNDLING, Little Rock: Dr. Jones has given us an excellent outline of the various causes of uterine hemorrhage but has not had time to go into the details of the diseases which cause bleeding.

One of these, under the heading of constitutional diseases, is the so-called thrombocytopenic purpura, which is very frequently misdiagnosed and mistreated because a careful blood count is not made. In the majority of the cases, a typical blood picture will give you a clue to the diagnosis; but because of the fact that the bleeding may occur from the nose or from the bladder or from the intestinal tract, it is frequently forgotten that the bleeding may occur from the uterine cavity. This type of case is frequently treated badly because repeated curettements may be done without improvement before



the condition is recognized. Later on, radium may be used with similar results. There is only one positive cure for this type of case, namely splenectomy.

If we rule out malignancy either by biopsy or curettement, and we know we are dealing with a case of functional bleeding, then we have an entirely different picture. Functional bleeding, of course, may come on at any time. In 50 per cent of the cases it is at or near the menopause, in about 5 or 10 per cent at puberty, and in about 5 per cent, bleeding may come on at any time. So, we may try the various ovarian and thyroid preparations we receive in the mail every day, but frequently there is no improvement.

It is well to consider some of these cases as cases of hypothyroidism, although the metabolic rate frequently is normal. If you rule out any pelvic pathology, especially in the young, and the patient continues to bleed, it is worth while to try this treatment.

In some recent work which Dr. Jones mentioned, a luteinizing substance obtained from the urine of pregnant women has been used in cases of functional bleeding with great benefit. We now know that there are five hormones which have been isolated from the pituitary gland having a great bearing on this type of bleeding. The preparation that is probably the most satisfactory is antuitrin, and we have had some excellent results with it.

To illustrate this very nicely, we had a patient, a young married woman 24 years of age, who had normal periods until three years ago. At that time her periods became very profuse; in fact, she bled continuously for three years. Last fall a curettement was done elsewhere with no benefit whatsoever, and she continued to bleed. We recently put her on antuitrin and after six administrations the periods became normal. She went two or three weeks without any flow and since that time the periods have been perfectly normal and she has had no trouble. So, if the thyroid preparations do not work, it certainly is worth while to use the antuitrin.

In cases of advanced malignancy of the cervix, we have about reached our limit as far as treatment is concerned. But the early cases may be diagnosed, as Dr. Jones brought out, by the use of the Lugols solution as advocated by Schiller. I have some slides to show the value of that particular test, if the case is seen early.

J. S. RINEHART, Camden: Perhaps it would be better that I had kept my seat, but I am one of those rare doctors known as the family doctor. There are a few left, and there are going to be some family doctors as long as there are families, notwithstanding the literature of the last two years to the contrary. There is nothing so simple to the laity. There is a uterine hemorrhage. There is a loss of blood from the uterus. They call in the doctors. There is nothing to them that seems so simple but that the doctor should at once divine the cause, apply the remedy and the trouble would stop. But Dr. Jones, with five things on that hand and five on this hand, went into some of the details as to the cause of uterine hemorrhage. A simpler classification of uterine hemorrhage, perhaps, would be those cases in which we can find the cause and those cases in which we can not find the cause. I wish and I hope that this afternoon Dr. Bethea, of New Orleans, in his paper on Newer Developments of Physical Diagnosis will elicit the means by which this simple diagnosis can be made of uterine hemorrhage. Today X-rays are made of the interior of the stomach, endoscopic examinations made of all the cavities, but I

doubt if there can be a picture taken of the inside of the uterus or whether an endoscopic examination can be made. Take, for instance, a uterine tumor that simulates in every way the picture of a beginning extra-uterine pregnancy. If there could be a way to see the little tumor on the inside of the uterus and make a diagnosis, you would save a lot of worry and anxiety. I hope that the day will not be far off when we can have an examination made that is as simple as we now have with the bivalve speculum in the vagina, whereby we can explore practically the inside of the uterus.

DR. JONES, in response: I wish to thank Dr. Hundling and Dr. Rinehart for their discussion. We all see, as Dr. Rinehart has said, many cases in which the diagnosis is most difficult. In these we must make use of all our diagnostic facilities and even then we may be at a loss to account for the bleeding. The more difficult the problem, the more pleasure we get from its solution and we should consider these cases in that respect.

## DOCTORS, DOLLARS, AND DISEASE

Many of our profession have recently received a little booklet, telling of an "educational" venture by the National Advisory Council on Radio in Education. This series of lectures is to be broadcast to the nation and can also be had for a small sum of money.

We concede the necessity of education in medical economics and would applaud any impartial instruction or even debate on topics concerned with private practice and with compulsory health insurance. We would particularly recommend report concerned with the economic aspect of the cost of community health insurance to the taxpayer. We would like to hear discussed by competent authorities who know American physicians as we do, what effect such a program would have on the way government employees would vote, and what the effect of their common interest in the taxpayer's money would do to the taxpayer. But the schedule consists of nineteen lectures by nonmedical men who want to tell medicine how to "carry on." Of the seven speakers who are physicians, two are avowed protagonists of health insurance; one is a president of a university which graduates doctors of medicine and runs a pay clinic in competition with them; and a fourth is a former president of the American Health Association whose interests have always been in that sphere. Actually there is but one of the physicians selected who by any stretch of the imagination can be termed a representative of the viewpoint of practicing physicians.

The majority of the lecturers are directly associated with foundations actively working for compulsory health insurance. Three are officials of hospital associations and the remaining five embrace a public health nurse, a journalist, two investigators in the field of public health and a professor of industrial relations.

The medical profession should make its protest felt against this misuse of the educational function which the Federal Radio Commission has placed in the hands of this National Council on Radio Education.—N. Y. St. J. M., Nov. 1, 1934.

## ERRATUM

In the membership roster of Faulkner County Medical Society the name of Dr. Lyle L. Hassell incorrectly appears as 'Russell.'

## AGRANULOCYTIC LEUKOPENIA With MULTIPLE PERIPHERAL NEURITIS\*

FRANCIS J. SCULLY, M. D.  
Hot Springs National Park

The following case of agranulocytic leukemia is interesting because of the development of a multiple peripheral neuritis during the course of the disease. I have not been able to find a similar case reported in the literature.

### CASE HISTORY

C. H. W., a male, aged 57 years, was seen January 25, 1934, complaining of weakness, exhaustion, a rapid beating of the heart, and sore throat. His illness had started with sore throat three weeks previously. There had been a rise of temperature as high as 100°. During the past four days, the heart rate became very rapid, ranging as high as 120. There was also some numbness and weakness in the hands and difficulty in their use. There was no history of any previous illness other than influenza in 1918.

Examination revealed a fairly well nourished male who appeared quite ill. Tongue was heavily coated. Throat was acutely congested. Tonsils were large and inflamed. No membrane was present. The cervical glands were only slightly enlarged. Temperature 99.4°, pulse 120, blood pressure 106-68. The heart tones were clear but distant. The lungs were normal. The abdomen showed the liver enlarged, tender, and palpable three inches below the costal margin. The spleen was not palpable. The deep reflexes were normally active but there was diminished tactile, pain, and temperature sense in both legs extending to the knees and in both arms extending to just above the wrists.

The blood count showed 60 per cent hemoglobin, 3,180,000 red cells and 1750 white cells. The differential count showed 63 neutrophils, of which twenty were of the immature type, 31 small lymphocytes and 6 eosinophils. The urine specimen was normal.

He was given 15 grains sodium salicylate after meals and 20 minims digitalis each four hours. He was also given 1 cc. of a nonspecific lipoprotein hypodermically daily for four days, then pentnucleotide intramuscularly. This was repeated 10 cc. each evening and 5 cc. each morning for five days and then once a day until a total of 120 cc. were given. By February 16th, there was improvement in his condition and the salicylate and digitalis were omitted. A tonic and a liver extract preparation were started at that time and have been continued more or less regularly since.

With the treatment, there was a gradual clearing up of the inflammatory condition of the throat. The temperature ranged lower and dropped to normal on February 16th. The pulse gradually became more steady and on February 16th it was 80.

On January 28th the white count had dropped to 1350. The differential count showed 44 neutrophils, 12 of which were of the immature type, 49 small lymphocytes and 7 eosinophils. With the use of the pentnucleotide, there was a decided improvement in the white count and on January 29th it was 2300, on January 31st 4450, February 2nd 800, February 4th 3550, February 6th 5500, February 7th 6880, and on February 16th, 8150. At this

time the differential count showed 68 per cent neutrophils with 8 immature cells, 28 small lymphocytes, 3 transitionals and 1 eosinophil. The hemoglobin was 80 per cent and red cells 4,170,000. On March 15th, the count showed 84 per cent hemoglobin, 4,300,000 red cells and 6250 white cells with 30 small lymphocytes and 70 neutrophils, of which 1 was immature.

The numbness of the legs and hands and the weakness of the extremities gradually became more marked and on February 16th he was unable to use the hands or to stand without aid. There was a marked foot and wrist drop. The patellar reflexes were absent. There was some atrophy of the small muscles of the hands and of the calf muscles. During the early part of his illness, he noted some aching in the calf muscles and some cramping in the hands, but this gradually subsided. On March 26th he presented a typical picture of multiple peripheral neuritis, but since then there has been a gradual improvement. The sensation has returned to the hands, and to a large extent, to the legs. He is able to use the hands better but still has rather marked weakness of the ankles. He is able to stand but requires aid in walking.

### Comment

Due to the recent attention that has been given to the action of the barbiturates and amidopyrine preparations on the white count and in the production of neutropenia as reported by Madison and Squier (1) and by Hoffman (2), a careful inquiry was made into the treatment this patient had received previously but there was no history of the use of any of these preparations.

The pentnucleotide was used in the treatment of the neutropenia because of the favorable results that had been reported by Jackson and his associates (3) and because of the lower mortality rate that was noted by Doan (4) in comparison with other methods of treatment.

This case presented the typical findings of an agranulocytic angina but was unusual because of the complicating multiple peripheral neuritis. The marked inflammation of the throat was evidently the source of the toxins which produced the neutropenia, while at the same time affecting the peripheral nerves. It is possible that if the condition had been recognized earlier and treatment instituted at that time, the damage to the peripheral nerves might have been avoided.

1. Madison, F. W., and Squier, T. L.: The Etiology of Primary Granulocytopenia (Agranulocytic Angina), *J. A. M. A.* 102: 755-759 (March 10) 1934.

2. Hoffman, M. D., Butt, E. M., and Hickey, N. G.: Neutropenia Following Amidopyrine, *J. A. M. A.* 102: 1213 (April 14) 1934.

3. Jackson, H., Parker, F., Rinehart, J. F., and Taylor, F. H. L.: Studies of Diseases of the Lymphoid and Myeloid Tissues. VI. The Treatment of Malignant Neutropenia with Pentose Nucleotides, *J. A. M. A.* 97: 1436-1440 (Mar. 14) 1931.

4. Doan, C. A.: The Neutropenic State, *J. A. M. A.* 99: 194-202 (July 16) 1932.

\* Submitted for publication August 9, 1934.



## FIVE UNUSUAL PARALYTIC CASES FOLLOWING GASTRO-INTESTINAL DISTURBANCES\*

W. B. GRAYSON, M. D.  
State Health Officer

and

GORDON HASTINGS, M. D.  
Assistant State Health Officer  
Little Rock

On December 27, 1933, all members of a negro family of five, living on a cotton plantation in southwestern Arkansas, became acutely ill with signs of gastro-intestinal disturbances. In this group were three females, ages 9, 15 and 60 years; two males, ages 12 and 25. According to the history all of these patients became ill simultaneously, complaining of nausea, vomiting and severe abdominal cramps, though no diarrhea was encountered. For economic reasons and because of remoteness from medical facilities, a physician was not summoned during the period of acute illness. As symptoms of severe gastro-intestinal irritation disappeared, representing a latent period of approximately six days, there developed among the group a general feeling of improvement, though all experienced a rapidly progressing sensation of numbness and tingling of their extremities. Upon attempting to use their arms and legs muscular weakness was apparent which, within a period of from 24 to 48 hours, reached its height, leaving all five patients with an identical flaccid paralysis involving all extremities. It was during this alarming stage that a physician was called.

Believing an exogenous poison responsible, a careful inquiry was made of the dietary with results essentially unreliable, though it was said to have included fresh, thoroughly cooked pork, chitterlings, chili, biscuits, candy, apples and "bubble" chewing gum. The older of the two males slaughtered and dressed a hog the day following Christmas, and to this animal the family attributed all responsibility for their misfortune. A large portion of the meat was given neighbors though illness was confined to the one family. A neighborhood rumor among the "darkies" placed guilt on the negro boy for stealing corn to fatten his hog from a white farmer who, repeatedly missing corn from his crib, became incensed, and in order to assign responsibility poisoned some of the corn with arsenic. An investigation failed to confirm the rumor.

On examining these patients the attending physician was of the impression that he was dealing with a peculiar malady the nature of which he was quite uncertain. Consultation was thus sought resulting in visits by a total of seven physicians, including a neurologist and the authors, the latter present because of possibilities of the condition being a menace to public health. Unfortunately, the patients were not subjected to complete physical examinations until twelve weeks after all of their acute symptoms had subsided. Most regretful was the failure to collect specimens for complete laboratory examination when such would have been of great diagnostic value.

Physical examination of the group revealed the special senses to be essentially normal. There was no endocrine disturbance; facial muscles symmetrical; no deviation of tongue; eyes showed no affection of extrinsic muscles; pupils equal, regular and reacted to light and distance; Romberg positive. Limbs showed partial bilateral paralysis with wrist and ankle drop; atrophic changes in all muscles of extremities, particularly the thenar group. There were no marked vaso-motor changes, neither cyanosis, dermatographia, edema nor blotching. The upper and lower tendon reflexes were absent. With exception of the extremities, physical findings were generally normal. Spinal fluid and blood sera were negative. The partial paralysis, definitely flaccid, was without diversified localization, and at no time during the course of the illness were there gradations in severity of any of the symptoms.

Upon studying the literature we have been unable to discover a similar outbreak affecting all members of a family. Multiple cases of anterior poliomyelitis do occur, though it would be quite unusual for five to become ill at the same time and with identical severity. There was also an entire absence of poliomyelitis in this area. In many respects these cases remind one of the flaccid paralysis patients encountered in 1930-31 when the intake of Jamaica ginger contaminated with triorthocresyl phosphate was held definitely responsible. One physician suggested the possibility of botulism, though this may be dismissed since none of the patients developed any of the several constant findings characteristic of this type of food poisoning. The probability of either arsenic or lead as the offending agent must be considered, though at no time during the course of the illness did any of the patients show uniform evidence of these chemicals. All were affected during Christmas

\* Submitted for publication September 7, 1934.

at a time when feasts are customary and placing of responsibility was difficult.

Being impressed with the potential public health importance of these cases and the urgency of establishing a diagnosis, if possible, one of us (G. H.) sought advice from: Doctors G. W. McCoy, Director of the National Institute of Health, Simon Flexner, of the Rockefeller Institute for Medical Research, J. P. Leake, Senior Surgeon of the U. S. Public Health Service, Edwin O. Jordan, Professor of Bacteriology, University of Chicago, and John F. Anderson, Director of the Biological Department, E. R. Squibbs & Son and Former Director of the National Institute of Health. It was hoped through this correspondence to procure the trend of thought from leading authorities and insofar as possible hazard a diagnosis. Their comments were uniformly in favor of the hypothesis that a chemical poison of a highly specific nature was responsible and of the extreme unlikelihood of infantile paralysis. Dr. M. I. Smith, of the Public Health Service, to whom the correspondence was referred by Dr. McCoy, stated:

"The only known chemical agent that can explain satisfactorily all of the above points is triorthocresyl phosphate, the substance which was responsible for the outbreak of ginger paralysis in 1930-31. The only point that remains to be explained is how this substance could have been ingested at the late date of December, 1933."

### THE INDISCRIMINATE USE AND RENTAL OF RADIUM

Resolution adopted by American Radium Society at Annual Meeting, Cleveland, June 12, 1934; also adopted by American College of Radiology, June 12, 1934.

WHEREAS it is now recognized that radium has been demonstrated to be of definite value in the treatment of disease, and

WHEREAS some States and many communities in the country have little or no radium available, and

WHEREAS funds are not always available for the purchase of suitable preparations of radium for use by those physicians who are qualified in radium therapy, and

WHEREAS we recognize that radium is an agent quite as potent for doing harm as for doing good when used without sufficient skill or training and with the hope of protecting the unformed public from serious and irreparable injury from improper and insufficient treatment.

BE IT RESOLVED that we consider it improper, unethical and detrimental to the science of Radiology and to the good of suffering humanity for commercial laboratories to attempt to give advice or directions as to the use of radium in the case of a patient whom the person giving that advice has not even had the opportunity to examine. In other words, it is just as difficult to give such advice and directions as it would be for a surgeon

to give directions for the use of rented surgical instruments so that an untrained physician might attempt an operation. Various commercial companies advertise both in the Journals and through the mails, medical advice for the purpose of making sales or renting radium or radon. This places these corporations in the field of practicing medicine.

BE IT RESOLVED that the same criticism be applied to institutions which rent or furnish their radium to those members of their staff or outside of the staff who are unskilled in radium application.

RESOLVED that the same criticism applies to many individual owners of radium.

RESOLVED that we regard the approval of the National Board of Radiological Examiners as the minimum standard for those assuming the responsibility for using radium. We recommend as wide publicity of this Board's existence and approval as is possible to the public, consistent with ethical practices, as the most effective safeguard which can be afforded them.

RESOLVED that we recommend the refusal of advertising matter in National and State Journals when the companies concerned are advertising a Medical Consulting Service or are advertising such service through the mails in connection with their sale or rental of radium.

RESOLVED that we disapprove of any doctor's acting as a Consultant to a commercial company carrying on such a campaign of public or private advertising and that we consider such an association sufficient grounds to warrant disbarment from the approval of the National Board of Radiological Examiners.

RESOLVED that we recognize the ethical commercial company as a necessity. It is the advertised Consulting Service that is at fault. It is recognized that such restrictions on the advertising of a Medical Service will in no way hamper properly qualified Radium Therapists in obtaining adequate supplies of radium or radon for the purposes in which they are qualified to employ it.

RESOLVED that we approve an informal Medical Consultant for the guidance of those commercial companies who refrain from advertising such professional service, either publicly or privately and that in such case their informal Consultant be one approved by the National Board of Radiological Examiners.

### A DOCTOR NEEDS A GARDEN

VERA BLOOD FLETCHER  
Hot Springs National Park

(Reprinted from The Denver Post.)

Complaining patients fill his day  
And most of them too poor to pay!  
But far away from office clocks  
He plants a garden in the rocks;  
Where iris bloom so straight and tall,  
Wistaria climbs the garden wall.

No white coat here! His old blue shirt  
Is torn and faded—streaked with dirt!  
But as he trains a climbing rose  
He sees a baby's puckered nose.  
A father's thanks . . . a mother's smile  
Are things that make his day worth while.



## PRESIDENT'S PAGE

**Season's Greetings****TO THE MEMBERS OF THE MEDICAL PROFESSION  
OF ARKANSAS**

It is with much pleasure that I greet you on the coming joyous occasion; this is a season of the year that is marked by good cheer and good will toward all our fellowmen and reminds us, as medical men, of our universal duty to spread health, happiness and good cheer to all mankind and especially to our associates in medicine.

It is also a time to review our acts of the past twelve months. Have we made the paths of the sick and afflicted, the weary and care-worn, any the easier? Has our advice been such as to alleviate their burdens, have we been sufficiently diligent in our efforts to lighten the loads of those unable to help themselves?

I have enjoyed in no small measure the social contacts made and the splendid scientific programs heard at the different meetings which I have been privileged to attend, and feel that I have been greatly benefitted by them. It is by such contacts and the presentation of these programs, that we will become better organized, better able to act more thoroughly as one unit, and have a greater respect and higher regard for the opinion of one for the other. When we shall have reached that stage of tolerance with a co-operative and understanding sympathy for our fellow practitioner, we shall have reached a stage in our development when we will be most useful in our relief of the sick and afflicted and those most needful to be advised; to such a happy end we strive.

May the Supreme Architect of the Universe, the Giver of all good and perfect gifts, be with, guide, and protect you and yours.

Sincerely yours,

F. O. MAHONY, M. D., F. A. C. P.

THE JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules  
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- Cancer Control**—D. W. Goldstein, Chairman, Fort Smith (1937); R. L. Saxon, Little Rock (1936); L. A. Purifoy, El Dorado (1935).

EDITORIAL

ELECTION OF OFFICERS

During this month the majority of the county medical societies will elect officers, a most important privilege of the membership. Too much emphasis cannot be placed upon the necessity for selecting interested, active and willing members for all official positions. This is especially true in these times when the full strength of organized medicine must be maintained in order that the many pressing problems of the profession may be courageously met and satisfactorily solved. Developments of the past year have shown that individual effort will not serve for the solution of these problems, but many of them can be met successfully if the individual effort is coordinated with that of the group into organized activity. Obviously, physicians will be tremendously handicapped unless they are properly organized and their county societies function at a peak efficiency. The county medical society which lacks aggressive and judicious leadership is destined for a record devoid of accomplishment and such influence as it may exert may even be destructive to the best ideals of medical organization.

Election of officers is a serious obligation. It is not the occasion for the passing around of honors but rather the opportunity by which those who are qualified and willing to serve may be made available for the leadership which is so urgently needed today.

SICKNESS INSURANCE

Members of the Arkansas Medical Society are urged to carefully read the American Medical Association bulletin appearing elsewhere in this issue. This deals with sickness insurance and indicates the thoroughness of the campaign which the proponents of this plan of medical care are waging in their efforts to force the system upon the people of the United States. The Journal believes that most of the citizens of this nation would resent any system which would deprive them of the right of free choice of a physician. Certain it is that present experience with medical care under governmental regulation has proved anything but a boon to the private practitioner; it is unlikely that a more complete extension of the plan would prove satisfactory to even a small minority of physicians. Space does not permit a discussion of sickness insurance, or of state medicine. Opinion of those outside of medical organization has been forcibly stated in a periodical which is itself opposed to medical

The Journal extends the Season's Greetings to the members of the Arkansas Medical Society, its advertisers and exchanges, and wishes all health, happiness and prosperity in 1935.



therapy. 'The tentative plan of 'state medicine' as recently outlined by the Milbank Memorial Fund proposes that the American population, including 62 per cent which the fund's spokesman says receive no medical, dental or eye care of any kind, shall be coerced into supporting financially and yielding physically to the domination of a group of state-employed men. It is difficult to understand why every citizen \* \* \* should be compelled to comply with such a regulation. Incidentally, it is strangely foreign to the legend of the family doctor, who worked under the motto, 'To each according to his need; from each according to his means.' The source of this desire for state medicine is not the medical profession. Its members have not sought this process of regimentation. **The profession will not be regimented if each member will do that which he rather passively hopes will be done for him by others; take steps to arouse public opinion, each in his own circle of contacts.** (Boldface ours—Ed.) The very confidence which the individual physician arouses in his patients, will, in the aggregate, prove the greatest menace to this insidious propaganda. In addition to individual effort, organized, co-operative measures are essential. Organized medicine has a potential influence sufficient to drive its opponents to cover. Whatever may be the outcome of this campaign to institute state medicine, the result will be chargeable to the profession; its defeat, to co-operative intelligent activity; its establishment, to a greater or lesser passivity. The responsibility is direct; the challenge clear. The medical profession must solve medical problems; it alone has the intimate knowledge which can furnish an intelligent and happy solution." The Journal commends these thoughts to you for your individual and organized effort.

### EDITORIAL COMMENT

Of general interest to physicians who are rendering service to persons on relief rolls is the opinion of legal counsel regarding liability incurred by such a physician who declines to further treat a person for whose treatment no additional authorization is furnished by the relief administration. The opinion follows: "If a physician finds it desirable to withdraw from a case, he must give the patient reasonable opportunity to secure other medical service. Cases have gone to our Supreme Court where a physician, during the course of treatment, learned he could not expect payment; he advised the patient that provision must be made for his remuneration or

he would withdraw after reasonable notice, and it was held that the physician was within his rights. A physician is not required under our laws to give his services gratis merely because he has performed some services in the case."

The recent perusal of a leading British medical journal<sup>1</sup> has afforded an insight into some of the difficulties of the panel practice of medicine in England. In this one issue are discussed the legal action of one physician against another arising from alleged slanderous statements of the second physician in his attempts to secure removal of the first physician's patients to his panel. Damages in the amount of fifty pounds were awarded the aggrieved doctor. There is a spirited editorial on the growing habit of hotel keepers and the like who have endeavored to induce employees to change from their chosen practitioner to the physician serving the hotel. Illustrative of the manifold "paper" technicalities of the insurance act is the account of the physician who was called in an emergency to see the patient of another physician whose telephone was busy and thus he could not be called. In this instance, the second practitioner was obliged to present his bill for services first to the local panel committee, who rejected it on the grounds that sufficient effort had not been made to obtain the customary physician of that family. On appeal to the national panel board, the practitioner's right to the emergency fee was sustained. To obtain this small fee it was therefore necessary for the physician to appear before a governing committee on two occasions, with what loss of time and expense we may guess. In a second case recounted, a physician was called to see a dying patient. Events subsequently showed that the regular practitioner had called only a short time previously, assuring the family that nothing could be done and had departed. The second physician, unfamiliar with this state of affairs, had made an emergency call in good faith. The question of the payment of fee was argued through both panel committees with final rejection.

<sup>1</sup> Lancet, July 7, 1933.

No less an author than Rex Beach has turned out what is most appealing copy favoring the newest contribution to faith healing—Mahlon Locke. This article, appearing in a periodical of popular distribution, is in the nature of a follow-up study of opinions formed on a visit two years previously. It has apparently caused the gullible American public to trod well the

path to the doors of their newest mystic shrine of health. This same author, well-remembered for his virile works, as 'The Ne-er-do-Well,' it may be parenthetically remarked, has stated in testimonial form that a certain popular cigarette restores the energy which he loses after an encounter with a game fish. It is to wonder if he carried an extra supply of this brand across the customs when planning this second series of interviews.

Locke's treatment, we are informed, consists in the simultaneous, perhaps we should say successive, receipt of a dollar bill and the patient's feet; the dollar bill to Locke's pocket, the feet to his lap. The feet are bent downward and outward and the patient moves on, cured or relieved, we are led to believe, of arthritis, infantile paralysis, anklyosed spines, and blindness, which according to time-honored formula, could not be cured by medical science. It is obvious that barring possible benefit such as might be received from a masseur, the treatment is entirely psychologic with the added therapeutic benefit of the "laying-on-of-hands." To quote Morris Fishbein (1): "The activities of Dr. Locke are a burlesque on the scientific practice of medicine. His promotion is a violation of every traditional, ethical tenet! There are some who say that even psychologic relief for the chronic arthritic patient is worth while, regardless of the means by which it is accomplished. The reaction on the scientific practice of medicine and the chagrin and disappointment of those seriously sick do not permit this laissez faire attitude. Moreover, many a person who might be benefitted by scientifically applied physical therapy and by competent orthopedic surgery is spending hard-earned money to make the long trek to Williamsburg in search of a pot of gold which those at the end of the rainbow are consistently saving for themselves."

I—J. A. M. A., October 13, 1934.

### LILLY RESEARCH LABORATORIES FORMALLY OPENED

More than a thousand investigators and research workers were present at the formal opening of the new Lilly Research Laboratories at Indianapolis on October 11. At the formal opening exercises, in the afternoon, Eli Lilly, head of the Lilly organization, presided as chairman. Mr. J. K. Lilly, chairman of the board of directors, was introduced and responded briefly on "Research in Manufacturing Pharmacy." Following Mr. Lilly's remarks, Dr. Irving Langmuir, director of research for the General Electric Company, discussed "The Unpredictable Results of Research." The speaker stressed the point that fundamental research should be pursued by industrial corporations regardless of any immediate possible commercial return therefrom.

Sir Frederick Banting then talked on "The Early History of Insulin." He gave an account of the early experiments conducted by Dr. Best and himself which first demonstrated the existence of Insulin, and expressed his great appreciation of the co-operation which he and his associates had received from the staff of the Lilly Research Laboratories in the development of a practical, large-scale procedure for the production of Insulin.

Sir Henry Dale, director of the National Institute for Medical Research, London, and secretary of the Royal Society, spoke of the immediate objectives of research in such laboratories as those of Eli Lilly and Company, and of their natural and proper differences from those of the laboratories supported by academic or public endowment. It was his thought, however, that the differences in result for the progress of medical science are often more formal than real.

According to Sir Henry, the change that has taken place in the scope of pharmacy has a revolutionary aspect. He cited the fact that pharmacy not very many years ago was predominantly concerned with the traditional drugs that had come into use through empirical observation. Even though with the years had come new additions from time to time, the therapeutic outlook and attitude had changed but little for centuries.

"The transformation of the whole aspect of one disease by the discovery of Insulin has attracted a more general attention," said the speaker, "than almost any other advance in medical science within our time." He was of the opinion that this discovery might be considered indicative of the wider progressive change in therapeutic method, based upon new knowledge of the causes of disease and aiming at the removal of those causes.

The speaker expressed the thought that looking at the change as a whole, one might distinguish two main contributory factors.

The first of these was the recognition of infections as due to the invasion of the body by living micro-organisms. It is a commonplace, he said, that preventive medicine was born of this discovery, that it gave a new direction to the therapeutics of infective diseases, in the search for remedies specifically killing or limiting the growth of the infecting micro-organisms or specifically neutralizing the poisons which they produce in the infected body. A few of the older remedies, indeed, according to the speaker, owed their value to an unconscious application of such specific actions for the control of infective organisms which modern research has since identified: cinchona, ipecacuanha, mercury, and the iodides. Contrast with this, he said, the resources of modern therapeutics, with its range of antitoxins and bacterial products, and its growing list of new synthetic compounds discovered as the result of deliberate and organized search for substances which shall be harmless to the infected patient in doses which kill or prevent the multiplication of the infecting organism. A new and exactly chemical basis for these mysterious phenomena of immunity is even now being built, according to Sir Henry, the synthetic production of artificial specific remedies for infection which has, in the course of some twenty-five years, given us arsphenamine and other organic arsenical compounds such as tryparsamide; various derivatives of antimony; and complex organic substances related to the dyestuffs on the one hand or to natural alkaloids on the other. These synthetic substances may be properly classed with the antitoxins and other antibacterial substances, as artificial and natural agents for



the removal from the body of harmful invaders from without.

A second principal factor in this change in therapeutic outlook may be found in the recognition of diseases due to the lack of substances normally present in the body. Modern therapeutics, he said, can show no triumphs more brilliant than those which have followed the discovery of methods of preparing a number of glandular products in a state of sufficient purity to enable them, by artificial administration, to correct an abnormal deficiency.

It would be possible, he said, to regard this remarkable change in therapeutic outlook and method simply as one phase in the general scientific development which has transformed a whole range of human activities in a generation. He felt that if we look for a particular rather than a general cause, we shall find it in the rapidity with which chemical knowledge and ideas have, in this same period permeated the whole of medical and biological science.

The newer developments have but little relation to the art of the individual pharmacist whom our fathers knew, said the speaker, but we must resign ourselves, as in other spheres of human activity, to the loss of the individual art in exchange for scientifically organized production. In fact, he continued, in order to meet these novel, various, and expanding demands of modern therapeutics, pharmacy has to become one of the most highly organized departments of scientific manufacture, covering an extraordinary range of expert knowledge and equipment. He cited, in addition, a much more fundamental requirement, calling particular attention to the need for research undertaken in the spirit of free inquiry, often with no immediate practical aim or any probable result other than the increase of fundamental knowledge.

The speaker paid tribute to Eli Lilly and Company for their high rank among industrial organizations which have supported scientific research for its own sake and because they have known how to value the spirit which is engendered when scientific workers are given a wide freedom.

## PROCEEDINGS OF SOCIETIES

The Southeast Arkansas Medical Society elected the following officers at the October meeting held in Lake Village: President, H. T. Smith, McGehee; Vice-President, J. S. Wilson, Monticello; and Secretary-Treasurer, M. C. Crandall, Wilmot. The meeting was addressed by Drs. E. H. White, Little Rock, and C. A. Rosenbaum, McGehee.

The Tri-County Clinical Society met at Arkadelphia October 25th for the following program: "The Injection Treatment of Rectal Prolapse," T. N. Black; "The Importance of Changes in the Visual Field," O. H. King; and "The Significance of Cardiac Murmurs," A. G. Sullivan, all speakers from Hot Springs National Park.

C. K. Townsend, Secretary.

Crawford County Medical Society met October 23rd for the following program: "Sane or

Insane," F. G. Engler, Mountainburg; "ERA Medical Relief Plan," S. J. Wolfermann, Fort Smith. S. D. Kirkland, Secretary.

The First Councilor District Medical Society met at Jonesboro October 24th and elected the following officers: President, Ira Ellis, Monette, and Vice-President, R. H. Willett, Jonesboro. The following program was presented:

"Obstetrics at the Bedside," H. R. McCarroll, Walnut Ridge.

"The Variability in Symptoms and Treatment of Encephalitis," R. C. Bunting, Memphis.

"The Dysenteries with Reference to Sodium Thiocyanate in Their Treatment in 1933 and 1934," L. D. Massey, Osceola.

"Infections of the Hand," Geo. Lewis, Little Rock.

"Symptoms and Diagnosis of Heart Disease," S. C. Fulmer, Little Rock.

"Diphtheria," J. E. McGuire, Piggott.

The next meeting will be held at Monette.

R. M. Sloan, Secretary.

The Benton County Medical Society met at Siloam Springs November 8th, the guests of Dr. and Mrs. L. L. Scott for dinner. Speakers were: Drs. L. M. Henry, "The Differential Diagnosis of Common Ear Conditions," and F. H. Krock, "Carcinoma of the Cervix."

The following program was presented at the meeting of the Sebastian County Medical Society held November 13th: Symposium on Duodenal Ulcer—Medical Aspect, S. J. Wolfermann; Surgical Aspect, F. H. Krock, and Roentgenological Aspect, W. R. Brooksher.

J. W. Amis, Secretary.

The Ouachita County Medical Society was addressed at its meeting November 7th by Drs. D. E. White, F. O. Mahony, A. D. Cathey and G. D. Murphy, all of El Dorado.

## COMING MEDICAL MEETINGS

Radiological Society of North America, Memphis, December 3rd to 7th.

Ninth Councilor District Medical Society, Harrison, December 4th.

Eighth Councilor District Medical Society, Little Rock, December 5th.

Medical Association of Missouri Pacific Railroad, New Orleans, January 25, 1935.

Dallas Southern Clinical Society, Dallas, March 18th to 25th, 1935.

Arkansas Medical Society, Fort Smith, April 15, 16, 17, 1935.

## PERSONALS AND NEWS ITEMS

Dr. and Mrs. F. J. Scully, Hot Springs National Park, took a vacation cruise to Central America and Cuba in October.

"Oxygenated Blood in Transfusion" by S. F. Hoge, Little Rock, appears in the October issue of "The Mississippi Doctor."

The 1934 Christmas Seal of The National Tuberculosis Association, reproduced elsewhere in this issue of "The Journal," commemorates the fiftieth anniversary of the building of the cottage that became the nucleus of Trudeau Sanatorium, Saranac Lake, N. Y. Among the county chairmen for the 1934 Seal sale in Arkansas are: B. H. Hawkins, Polk County, Mena, and S. C. Fulmer, Pulaski County, Little Rock.

M. F. Lautman, Hot Springs National Park, has recently been elected a member of The American Committee for the Study and Control of Rheumatic Diseases.

F. W. Carruthers and H. W. Hundling, Little Rock, addressed the October meeting of the Lonoke County Medical Society.

The following were elected officers of the Tri-State Medical Society in Shreveport: L. J. Kosminsky, Texarkana, President; T. H. Jones, Magnolia, Vice-President; and G. E. Cannon, Hope, Councilor. The next meeting of the Society will be held in Texarkana.

Drs. A. J. Hamilton and W. G. Hancock, Rison, have been elected president and secretary respectively of the Cleveland County Medical Society.

J. S. Wilson, Monticello, and S. W. Douglas, Eudora, addressed the Lincoln County Medical Society October 5th.

With the death of Dr. A. G. Harrison, of Searcy, the firm name of Drs. Harrison and Hawkins will be dropped, Martin C. Hawkins, Jr., continuing in the practice of general surgery.

"Brucelliasis: General Considerations," by W. B. Grayson and Gordon Hastings, Little Rock, appears in the November "Southern Medical Journal."

Fellowships were conferred upon Martin C. Hawkins, Jr., Searcy, Earle A. Hunt, Clarksville, and Clyde McNeil, Rogers, at the recent convocation of the American College of Surgeons in Boston. Joe F. Shuffield, Little Rock, and J. K. Smith, Texarkana, attended the Congress as Fellows.

S. C. Fulmer and H. W. Hundling, Little Rock, addressed the Miller County Medical Society October 18th on "Symptoms and Diagnosis of Heart Disease" and "The Treatment of Toxic Goiter," respectively.

F. H. Krock, Fort Smith, was Guest Chairman at the Stomach Surgery Section of the Oklahoma City Clinical Conference October 29th.

J. A. Thompson, Dermott, has been elected President of the South Arkansas Singing Convention.

Alfred Hathcock, Fayetteville, addressed the pre-medical students of the University of Arkansas on October 23rd.

In attendance at the Oklahoma City Clinical meeting October 29-November 1st were: W. M. Blackshare, Hot Springs National Park; C. A. Churchill, Batesville; H. C. Dorsey and F. H. Krock, Fort Smith; F. C. Maguire, Augusta; E. C. Moulton and S. J. Wolfermann, Fort Smith.

"Obstetrical Difficulties" by S. B. Hinkle, Little Rock, appears in the October "Tri-State Medical Journal."

H. Fay H. Jones, Little Rock, was selected President of the Southwestern Branch of the American Urological Association at the meeting in Saint Louis in October. This Society is composed of urologists from the states of Arkansas, Colorado, Kansas, Missouri, Nebraska, Oklahoma and Texas.

Among those elected November 6th are: County Judge, Woodruff County, R. L. Fraser, McCrory; Senator, 27th District, H. B. Hardy, Greenbrier; Representative, Howard County, W. H. Toland, Nashville, and Johnson County, G. L. Hardgrave, Clarksville.

Dr. M. M. Blakely, Benton, suffered the loss of his left hand as the result of a dynamite explosion while working on his farm November 12th.



Byron L. Robinson and W. C. Langston, Little Rock, presented a scientific exhibit, "Castration atrophy and theelin: Effect of theelin on uteri of castrates," at the recent meeting of the Southern Medical Association.

B. A. Rhinehart, Little Rock, will present "Increased Irritability of the Gastro-intestinal Tract: A Discussion of Disturbed Physiology," at the meeting of the Radiological Society of North America in Memphis, December 3rd.

## OBITUARY

EDWARD WALKER BLACKBURN, aged 59, died suddenly at his home in Ozark on October 31st, as the result of a heart attack. Dr. Blackburn had been in ill health for some time but his condition had not been considered serious, and on the evening prior to his death appeared to be as well as usual. He was born at Ozark, February 18, 1875, and was the son of Dr. Edward Blackburn, a pioneer Arkansas physician. He was a graduate of Cumberland University and of the Medical Department of Vanderbilt University in 1900. He had served as deacon of the First Presbyterian Church of Ozark for 35 years and as a teacher of the men's class for many years. For the past 15 years he had been a member of the board of trustees of the College of the Ozarks. He is survived by his wife.

## AUXILIARY NEWS

MRS. D. W. GOLDSTEIN  
Publicity Secretary

616 North Greenwood Ave., Fort Smith

The Obstetrical Pack Committee of the Women's Auxiliary of the Pulaski County Medical Society met Wednesday, October 10th, at the home of Mrs. D. M. Switzer. Attending were: Mrs. Anderson Watkins, committee chairman; Mrs. C. E. Oates, Mrs. J. B. Crawford, Mrs. W. E. Gray, Jr., Mrs. B. A. Bennett, Mrs. F. E. Hurrell, Mrs. C. C. Reed, and Mrs. W. H. Miller. Refreshments were served at the close of the meeting.

The Auxiliary of the Tri-County Clinical Society met October 25th in Arkadelphia at the home of Mrs. Charles K. Townsend.

Following dinner served to twelve members, an interesting program was given. Dr. Smith, director of the Clark County Health Unit, was present and gave an instructive talk on "Milk and Milk Products." An artist's program presented by Misses Elaine Broughton and Linda Webb of Arkadelphia concluded the program.

## MEDICAL AUXILIARY LUNCHEON

Thirty-five members of the Woman's Auxiliary to the Pulaski County Medical Society attended the lunch luncheon Wednesday, October 17th, at the Peacock tea-room, opening the season's activities. Mrs. William Hibbitts of Texarkana, state president, was guest speaker. Mrs. J. B. Crawford, president of the auxiliary, presided.

Mrs. B. A. Rhinehart, Little Rock, addressed the members and guests of the Caddo Parish Auxiliary (Shreveport) at a luncheon given in honor of the wives of physicians in attendance at the Tri-State Medical Society meeting October 17th.

Mrs. L. S. Lippincott of Mississippi has written the following plea to auxiliary women of her state and your publicity chairman is asking each auxiliary in Arkansas to please use this suggestion:

"Co-operation is the key word of success. Your publicity chairman is helpless without the co-operation of every auxiliary in the state. You are not co-operating when you fail to send in news and clippings each month.

Help in every way you can with the key word, Co-operation."

The Bowie-Miller County Medical Auxiliary met with Mrs. H. E. Longino October 26 at 3 o'clock.

Mrs. Preston Hunt, president of the Texas Auxiliary, and Mrs. William Hibbitts, president of the Arkansas Auxiliary, gave reports from the state board meetings of Texas and Arkansas. Mrs. Hunt told of organizing an auxiliary in Tyler, Texas, while Mrs. Hibbitts has organized one at Walnut Ridge, Arkansas. Mrs. P. H. Phillips of Ashdown led the meeting. The subject was "Biographies of Outstanding Physicians."

## A. M. A. BULLETIN

On October 12, 1934, I forwarded a bulletin to the secretaries of all constituent state and territorial medical associations. The first part of that bulletin, pertaining to the Committee on Economic Security, was marked "Confidential" for the reason that at that time we entertained some hope that the organized medical profession would be asked to be officially represented on the Medical Advisory Committee which is in process of organization by the Executive Director of the Committee on Economic Security. We have now received official information from Prof. Edwin E. Witte, Executive Director of the Committee on Economic Security, that in connection with the organization of the Medical Advisory Committee selections have been made on an individual basis without asking for nominations from any organization.

In a letter received from Professor Witte under date of October 13, written in reply to a letter from the Secretary of the American Medical Association, the following information is submitted:

1. The Director of the Bureau of Medical Economics of the American Medical Association will be invited to go to Washington to discuss "the economic aspects of the problems of medical care of people in very low income groups."

2. The Medical Advisory Committee now being organized will be composed of physicians selected on an individual basis. At the time Professor Witte's letter

was written, not all of those who had been invited to serve on the Medical Advisory Committee had replied.

3. The names of the prospective members of the Medical Advisory Committee would not be disclosed. (In a letter received from Professor Witte under date of October 22, it is stated that he hopes "to announce the Medical Advisory Committee in the very near future," and that he is "planning committees of consultants in the fields of dentistry, hospital management and public health.")

4. The Committee on Economic Security will be glad to have suggestions from the American Medical Association or its officers on any phase of its work at any time. (It is presumed that the Committee will likewise welcome suggestions from state medical associations or from the officers of those organizations.)

5. Professor Witte will make an effort to visit the offices of the American Medical Association "shortly before the New Year."

6. The assurance of co-operation extended by the Board of Trustees and officers of the American Medical Association are sincerely appreciated.

Accompanying Professor Witte's letter of October 22 is a mimeographed copy of an "Information Primer" of the Committee on Economic Security. This is not dated but was evidently released before October 13, since a statement based on this release appeared in the New York Times for that date. In the "Primer" it is stated that the report of the Committee on Economic Security to the President is due to be made on December 1, 1934, and will not be made public until released by the President. It is also stated that among the studies initiated by the Committee on Economic Security is one on "Provisions for Meeting the Economic Risks of Illness," and that Mr. Edgar Sydenstricker and Dr. I. S. Falk, both of whom are in the employ of the Milbank Fund, are in charge of this particular study. Professor Witte informs me that neither Mr. Sydenstricker nor Doctor Falk will be a member of the Medical Advisory Committee of the Committee on Economic Security.

Dr. Walter L. Bierring, President of the American Medical Association, has been invited to serve as a member of the Medical Advisory Committee and has accepted. The invitation was addressed to Doctor Bierring as an individual and not as President of the American Medical Association. I have heard that the President of the American College of Surgeons and the President of the American College of Physicians have received similar invitations, though this information did not come from official sources in Washington.

It seems reasonable to assume that the President of the United States, after the report of the Committee on Economic Security has been submitted to him on or about December 1, will decide whether or not plans for providing some system of sickness insurance will be included in the program of social insurance which it is reported he will submit to Congress.

A member of the last Congress, who is seeking re-election in the November elections, has addressed letters to physicians in Illinois in which it is stated that he has been informed that a bill providing for sickness insurance will be introduced at the next session of Congress. I am informed that similar statements have been made by other Congressmen. The Illinois candidate for Congress has asked physicians to give him the benefit of their views with respect to sickness insurance. Printed mate-

rial dealing with this subject has been forwarded to him and to other candidates for election as Congressmen.

A letter received at the offices of the American Medical Association from the President of the National Congress of Parents and Teachers states that a letter from the Twentieth Century Fund was before the Board of the National Congress of Parents and Teachers asking that body to "endorse Pres. Roosevelt's plan of Health Insurance," and was rejected by the Board.

In the "Information Primer" released by the Committee on Economic Security, the following statement is made:

"Following the approach outlined by the President, the Committee is trying to draw up a comprehensive program which will give protection to the individual from all the vicissitudes and hazards of modern life—unemployment, accident, sickness, invalidity, old age, and premature death.

"It is, of course, not contemplated that this program shall go into effect in its entirety immediately, but it is planned to give Congress and the country a 'look ahead' as well as some recommendation for immediate action, to the end that there may be developed, from the outset, a unified plan for economic security."

It seems quite probable that no hearings on sickness insurance will be held under the auspices of the Committee on Economic Security. It is, of course, presumed that if any bill providing for sickness insurance is submitted to Congress, official hearings will be held by the committee to which such bill will be referred.

Since the American Medical Association and many of its constituent medical associations have gone on record in opposition to sickness insurance, it is extremely desirable that the views of the organized medical profession should be made known to members of Congress and to candidates for election as members of that body. It is suggested, therefore, that the officers of constituent state medical association and of component county medical societies and the members of the legislative committees of these bodies immediately develop plans for acquainting members of Congress and candidates for election to that body with the expressed official views of the organized profession in the United States pertaining to sickness insurance. Most of the members of Congress and all the candidates for election **are now at home.**

In the meantime, an earnest effort will be made further to inform the Executive Director of the Committee on Economic Security and the members of that Committee concerning the official attitude of the American Medical Association with respect to sickness insurance and the basis of the Association's opposition to any plan involving governmental control of medical practice.

Very sincerely yours,

OLIN WEST, Secretary,  
American Medical Association.

Application blanks are now available for space in the Scientific Exhibit at the Atlantic City Session of the American Medical Association, June 10-14, 1935. The Committee on Scientific Exhibit requires that all applicants fill out the regular application form and requests that this be done as early as convenient. Applications close February 25, 1935.

Persons desiring application blanks should address a request to the Director, Scientific Exhibit, American Medical Association, 535 North Dearborn Street, Chicago, Illinois.



## BOOK REVIEWS

**Recent Advances In Allergy.** By Geo. W. Bray, M. B., Ch. M. (Sydney), M. R. C. P. (London). Physician in Charge of Children's Department, Prince of Wales Hospital; Clinical Assistant, Asthma Clinic, Guy's Hospital, etc. Pp. 471 with 106 illustrations and 4 colored plates. 2nd edition. Price \$5.00. Philadelphia: P. Blakiston's Sons and Co., Inc., 1934.

This book is all that its title indicates, and in addition, each important division is preceeded by an interesting and instructive history, proving that Allergy is by no means a new field.

In the preface, Dr. Bray states with pride that the English played a most important part in the pioneer work in allergy, but admits that priority in its application now rests in America.

Though giving an excellent review of progress to date, with no pet claims or theories of importance slighted, the author does not hesitate to express his own conclusions which are based on a wide actual experience. His work carries the conviction of an unbiased and an extremely well balanced estimation of allergy as an important field in medicine.

The subject is logically presented, starting with fundamental facts and theories of allergy, with a discussion of the physiology and pathology involved. The chapter on the Nasal Factor in Allergy, especially in its relation to sinus infection and asthma, is particularly definite and convincing. He shows clearly that nasal pathology is often due to allergy, but that allergic symptoms are not due to nasal pathology. The extreme variations in percentages of nasal pathology found by different authors certainly casts doubt on the soundness of our accepted methods of diagnosing nasal and sinus pathology. He also pays particular attention to recurrent, periodic bronchitis seen so commonly in children.

Besides respiratory allergy, major divisions are devoted to the recognition, diagnosis, and treatment of: Cutaneous allergy (flexural pruritis, eczema, contact dermatitis, urticaria, purpura, erythema multiforme, erythema nodosum, and dermatitis herpetiformis); Cerebral manifestations of allergy; Gastro-intestinal symptoms; Bacterial allergy; and Physical allergy. Some cardio-vascular and joint conditions are mentioned as possible allergic reactions.

A feature of the book which makes for clarity is the frequent summarization of important discussions.

—ALAN G. CAZORT.

**Summary of Pennsylvania's Poor Relief Laws Affecting Care of Indigent Sick.** A Digest of Laws and Practices with Supplements Discussing the Pennsylvania Plan for Emergency Medical Service to Those on Unemployment Relief and Pennsylvania's Work Relief Compensation Fund. Paper. Pp. 100. Harrisburg: Medical Society of the State of Pennsylvania, 1934.

This handy volume was prepared by the Medical Society of the State of Pennsylvania for distribution to persons interested in providing minimum adequate medical relief to the indigent. The methods used, the amounts paid, and suggestions for improvement are furnished by county reports. The poor laws of Pennsylvania are interpreted. Discussions are included of the working of the Emergency Relief Administration's services and of the Compensation Fund.

**Practical Talks on Heart Disease.** By Geo. L. Carlisle, M. D., Assoc. Prof. Clin. Med., Baylor University, Dallas. Pp. 100. Price \$2.00. Springfield, Illinois: Charles C. Thomas, 1934.

In this volume the author gets away from the time honored and awkward classification of heart disease, such as mitral regurgitation, mitral stenosis, aortic insufficiency, etc., and speaks of the heart as a whole under varying pathological conditions. In other words he deals succinctly with the hypertensive heart; the rheumatic heart; the arteriosclerotic heart, and the leutic heart. There is no attempt made to give the anatomy, physiology or pathology of cardiac disease, but rather the author gives us a picture of the patient himself as he suffers from these various heart affections.

The language used in the book is so direct, terse and clear that it is a relief for one to read it. Without having to wade through technical discussions and complicated electrocardiograms, basal metabolisms, etc., one is shown how a rather accurate diagnosis of cardiac disease can be made from a careful history, alert observation, and the painstaking use of simple procedures such as palpation, percussion and auscultation.

Treatment, as outlined by the author, is to be commended for its simplicity. Drugs are used only when indicated and the multiplicity of cardiac remedies found in our present materia medica is eliminated. If the reader gets nothing else out of the perusal of this book than the idea that altogether too much medication is used in cardiac disease, then it is a worthwhile contribution to our literature.

This little book gives practical advice as to how to handle the patient with tact and direct him toward leading a more comfortable and safer life. I feel that in view of our present day frequent cardiac disasters that it is worth while for physicians to study all factors that deal with heart disease.

While the author does not, in my opinion, give enough space to angina and coronary thrombosis, at the same time he sums up practically all of the present day knowledge of these conditions. I feel that this is a readable, handy volume for the general practitioner.

—S. M. GATES.

**Surgical Clinics of North America:** Issued serially, one number every month. Volume 14, Number 4. Chicago Number—August, 1934. 288 pages with 88 illustrations. Per clinic year February, 1934, to December, 1934. Paper, \$12.00; Cloth, \$16.00 net. Philadelphia and London: W. B. Saunders Company, 1934.

This issue of the clinics is started with a symposium on plastic surgery, interesting even to those physicians who do not practice this specialty. Koch, in dealing with burns, calls attention to the fact that "traction or fixation to prevent scar formation will, even when carefully applied, fail in its objective and may even be detrimental." Active full-range movements are encouraged and rewarded. An interesting case of transplantation of the toes to the fingers for cosmetic reasons is reported. A simple multiple state operation for hypospadias which does not require cystotomy is described. There is a discussion of whether or not kidney stones may be dissolved based upon a case in which there was roentgenological disappearance of the shadows after the patient had been placed on distilled water. This issue closes with another symposium, peptic ulcer, in which the thought is emphasized that this condition requires the team-work of all

specialists and no one singly. The efficacy of medical or surgical treatment should be checked, and can be determined, by the roentgen-ray. However, this method will not permit the determination of the activity or of the healing stage as presented by the ulcer.

I. F. JONES.

**Cataract: Its Etiology and Treatment.** By Clyde A. Clapp, M. D., F. A. C. S., Associate professor Ophthalmology, John Hopkins University; Professor of Ophthalmology, University of Maryland; Visiting Ophthalmologist, Johns Hopkins Hospital and Wilmer Institute; Ophthalmologist, University of Maryland Hospital. Pp. 266. 92 illustrations. Price \$4.00. Philadelphia, Lea and Febiger, 1934.

There is a vast amount of material in this small volume. In short, it is a synopsis of the literature, with many comments and individual expressions of opinion by

the author. The illustrations while few in number are adequate, well reproduced, and well chosen to fit the text.

The two opening chapters by Ida C. Mann on the embryology and comparative anatomy of the crystalline lens are not too technical for the average reader. The balance of the twenty-five chapters discuss all phases of the ophthalmologists' dealing with the crystalline lens. It is noteworthy that the chapters on treatment favor simplicity of technique in operative work. The information on cataract extraction complicated by a preceding trephine operation is rather hastily covered but it is commendable to find it discussed.

This book should appeal to all ophthalmologists whether experienced or beginners, and to the research worker and writer it will be particularly useful because of a very complete bibliography totalling six hundred and sixty-six references to the literature.

—E. C. Moulton.

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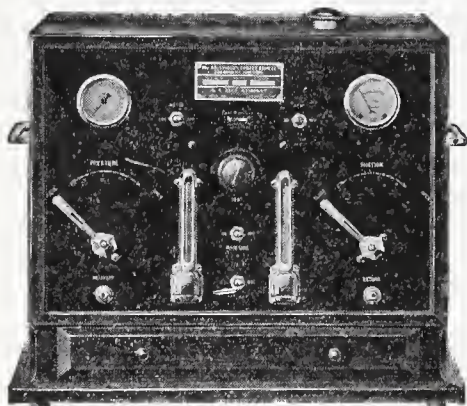
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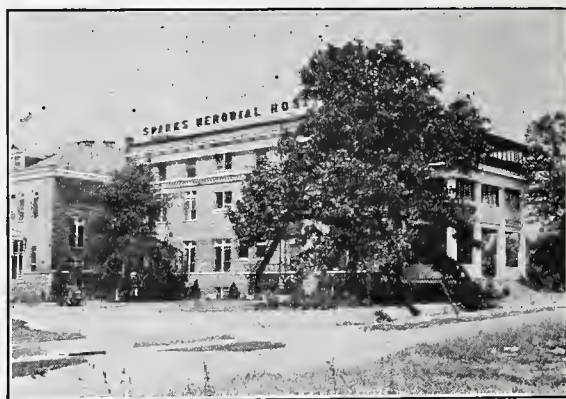
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# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL



Vol. XXXI

FORT SMITH, ARKANSAS, JANUARY, 1935

No. 8

## CONSERVATIVE v. RADICAL SURGERY\*

ISAAC G. JONES, M. D.  
DeQueen

It has often been stated that the only justification for a medical paper is that it must present either (1) something new and unknown to the profession, such as a discovery, a theory, an observation or a deduction; (2) a new slant or a new interpretation of a well-known fact or subject; or (3) a repetition for emphasis of well-known facts that are really important, yet tend to be forgotten or neglected. I trust that this short paper will fall within the requirements of either the second or third of the above requisites, for it probably contains nothing new or unknown to the medical profession.

The mere mention of the word "radical" engenders in the average human mind an unfavorable, defensive reaction, whether it is applied to politics, religion, medical treatment, surgery or any other subject or human activity. To say of any man "he is a radical," on any line whatsoever, is to place him without the pale of trust and confidence; sets him apart as one who should be watched by sane people. On the other hand, it seems that a vast majority of people, physicians and surgeons included, pride themselves on being conservative in all their views and actions. I hope that simply because I dare discuss both conservative and radical surgery that I will not be too severely discredited if I seem to lean to the radical side on certain matters.

Let us now consider what the term "radical" means when applied to surgery. The usual connotation of the term is in relation to the amount of tissue sacrificed at the time of operation. For example: extirpation of the gall bladder would be radical when compared to cholecystotomy; whereas, cholecystotomy would be radical when compared with nonsurgical drainage. Hence, the usual meaning and use of the term becomes

relative. Any one procedure may be called radical only when compared with another procedure that is less radical from some standpoint, hence, more conservative.

How well I remember the first surgeon I ever saw tie the base of an appendix, cut it off, cauterize the stump and drop it back in the belly. I had been taught, and meticulously followed up to that time, invagination technique. At the time I saw this, I thought it was the most radical procedure possible and was surprised to learn that this surgeon's mortality and morbidity rates were as good as, if not better than, his more conservative colleagues. It was some time thereafter before I could get up enough courage to do likewise. We are prone, then, to classify as radical every procedure that differs in any minute detail from our own adopted, cherished, and therefore conservative **modus operandi**. Hence anything that we ourselves, do **not** do, or with which we are not familiar, we usually classify as radical.

Any surgical procedure is usually classified as radical when the patient dies. If the patient lives, we congratulate ourselves that we have done a wonderful job of conservative surgery. If the patient dies, we blame the death on "low resistance" of the patient and try our best to silence that devilish little mental "Jack-in-the-box" that keeps bobbing up asking the question: "Were you not just a little too radical in that case?" It matters not whether too much or too little tissue was removed, whether you used your own pet technique or the technique of some other surgeon whom you consider conservative, that operation was a radical operation because it did not conserve life. Again, in elective operations for the relief of certain symptoms as pain, any operation performed which does not relieve those symptoms would be a radical operation; whereas, any operation which sacrificed more tissue, yet relieved the distressing symptoms, would become the conservative procedure.

Any so-called conservative operation becomes a radical operation when it is necessary for the patient to undergo a second operation for some condition which would never have occurred had

\* Read before the Fifty-ninth annual session of the Arkansas Medical Society, held in Little Rock April 16-18, 1934.



the first operation been more radical from some standpoint. In this connection it occurs to me that the real leaders of surgery in their practice see principally two classes of cases. In their clinic work, they come in contact only with charity cases in whom the question of finances is not a matter of importance, even though the patient may be a breadwinner, for his dependents usually have access to material assistance through some relief agency. Neither is time a matter of importance, hence, a second operation would be a relatively small matter. The other class of cases with which the leaders of surgery usually deal is the wealthy class to whom finances are likewise not important, neither does time spent in the hospital matter very much. For these reasons, and others, the real leaders of surgery probably do not appreciate, to the fullest, the conditions faced by the surgeons handling the great middle class, the vast majority of their cases.

As time goes by and more and more surgery is done, it is quite evident that the basic principles of surgery, surgical judgment and technique tend, more and more, to change and improve in the surgery of every part of the human body, the female pelvis excepted. In this region the basic principles of surgery were formulated during the early days of surgery. While our surgical technique and judgment have undoubtedly improved, yet we go on from year to year conforming to certain prerequisites and principles laid down in those early days of surgery. In this special field of surgery there has always been in the past and still is, a hard, fast and unchangeable opinion in both the lay and professional minds as to what constitutes a conservative procedure in contradistinction to a radical regimen. In reading the writings of many of the real leaders in surgery who have stood apart and above their colleagues, I find they do not hesitate to sacrifice normal, healthy tissue when the result of that sacrifice would be, in any way, advantageous to the patient from the standpoint of comfort, utility or happiness, especially when it involves any part of the human anatomy other than the female pelvis. For example, no surgeon would amputate a foot at the ankle joint but would sacrifice several inches of perfectly healthy tissue above the joint so that a better stump for the fitting of an artificial foot could be obtained. In doing this we are radical so far as tissue is concerned, but we are conservative from an economic, utilitarian and cosmetic standpoint. Yet, the same leaders when discussing surgery of the female pelvis all march proudly up to the

so-called conservative line and there they stand flat-footed, refusing to budge one millimeter in the interest of comfort, utility, future happiness or peace of mind of their patients.

I am really at a loss for an explanation of this evident inconsistency unless, perchance, it is because this segment of the human body is the one and only portion thereof whose function has in any way been associated with the question of morality. When the realm of morality is entered, change and progress become slow. Perhaps the "Fathers of Medicine" were strongly influenced by the "Fathers of the Church." Theology quite early, in so-called civilized man's history assumed absolute control of all human relational and propagational questions. I often wonder just what the status of pelvic surgery would be today if in the past, and at present, purely scientific and biologic principles guided both the head and the hand of the gynecologist.

Certain quotations from surgical literature written by recognized surgical leaders are interesting in this connection. Howard Kelly in his wonderful work "Operative Gynecology" makes this statement: "The reason for conservatism (in pelvic surgery) is that it is the general attitude of all true surgery . . . conservatism is the highest aim in surgery." In my opinion this statement is absolutely true if properly construed. Kelly does not state specifically whether he means conservation of tissue, conservation of future comfort, peace of mind, economic status, or of future happiness. If he means conservation of tissue only, which I conclude from reading his text, I cannot agree with him.

Again, the same author says: "The pelvic organs are indelibly associated in a woman's mind with those fundamental differences between the sexes which impress upon the female organism all that is distinctive and peculiar in her attitude toward the world at large; and, with the healthy performance in her functions in the recurring monthly fluxes, ovulation and the possibility of conception, lie, though the woman may be unconscious of it, some of the deepest well-springs of her happiness."

In this connection I have often wondered if any woman could enjoy her "wellsprings of happiness" when the family income is barely sufficient to feed, clothe and educate one, two, or three children when there are six, eight, or ten children, or the prospects thereof, who must be cared for on that same income. I can truthfully say that I have yet to meet the woman with as many as three children in whom the "possibility

of conception" was still a "wellspring of happiness."

In summing up this matter Kelly says: "Finally, the patient has an inalienable right to decide in all cases that her pelvic organs shall not be sacrificed under any possible complication of conditions which may exist, and the conscientious surgeon will always be inclined to abet her in her willingness to take some risks in order to preserve the functions of nature." If this be true, why then would not the conscientious surgeon likewise abet a woman in her desire to better fulfill her responsibilities to an already existent family which her judgment tells her is large enough. Here I am reminded of a recent case which came to my office during the writing of this paper. This woman is twenty-six years old, rather frail and delicate but very intelligent, the mother of two children, six and two years of age. One year ago she was operated by a prominent Arkansas surgeon, who, if I am not mistaken, is in this room at this time. This woman stated to me that she requested of this surgeon that he operate in such a way that she would be assured of no more additions to her family, feeling that two children were all to whom she could do justice under her economic circumstances. She further informed me that this surgeon bluntly told her that he would never be guilty of doing such surgery as it was against the most sacred tenets of the profession. At the present time this poor woman is living in mortal dread of another pregnancy. She consulted me for contraceptive information, which we all know is, at best, not one hundred per cent positive.

Even in as late and as splendid a work as Déan Lewis' work on surgery, in the chapter written by Faulkner is found this statement: "Pelvic surgery should always aim to preserve the reproductive and menstrual functions." By the use of the word "always" is maintained the inflexible attitude which is evident throughout all medical literature on pelvic surgery.

In Crossen's "Operative Gynecology," which is, in most matters, my own personal gospel, the first and foremost reason which he gives for conservative pelvic surgery is: "Preservation of the possibility of pregnancy." He further states: "Another point, sometimes overlooked, is that even though no pregnancy results from these efforts at conservatism, the simple fact that the patient may become pregnant, that pregnancy is still possible, conduces much to her peace of mind." I am somewhat at a loss to understand why so astute a mind as Crossen's fails to dif-

ferentiate between nulliparous and multiparous peace of mind. According to this view the personal right of determination on the part of the woman is refused; yet her personal right of determination is preached in case she is willing to take added risks on the opposite side. Which all reminds me that consistency is a jewel, rare and seldom seen.

Always thus, I find the literature which it has been my privilege to read during the preparation of this paper. I fully realize the seemingly radical tendency of my position and the fact that oft-times, "fools rush in where angels fear to tread." However, I am consoled somewhat by the knowledge that some times it is the crank who shows us the way. As has been stated before, when morality enters, progress is slow. For your thoughtful consideration I offer the following which, to a certain extent, may be said to express certain conclusions to which I have come.

1. The terms "radical" and "conservative" when applied to surgery are relative and may apply to the amount of tissue removed, present or past surgical customs, recognized surgical technique, or final results of operation when results are considered from the standpoint of function, relief of symptoms or personal happiness.

2. Because of the so-called moral and social connections, pelvic surgery has not received the purely scientific and truly biologic consideration which it deserves.

3. Any sane woman has the same inalienable right to elect to sacrifice an organ or function as she has to retain the same and the truly conservative surgeon will accede to her wishes, all else being equal from the standpoint of the involved risk to her life.

4. Most women of today are intelligent and therefore capable of passing upon what is best for themselves from the standpoint of their own economic situation.

5. Conservative pelvic surgery of the future will consider more than the mere sacrifice of tissue. To be truly conservative it must consider also economic status and feminine peace of mind.

#### DISCUSSION

F. H. KROCK, Fort Smith: It is rather difficult to discuss a philosophical essay such as the one we have just heard, but I think all of us will have to admit that Dr. Jones has raised a number of excellent points, whether we agree with him or not. I think that the conservative attitude of the surgeon towards sterilization today probably results, in a large part, from the fact that we do a



large percentage of our work in hospitals under sectarian control and where rigid and irrevocable rules and regulations are laid down concerning the prohibition of any procedure which will interfere with child-bearing in any way. The attitude of the public and even of churchmen is undergoing a change concerning birth control. At present contraceptive information and devices are allowed to be sent through the mails. Recently there was a conference in Washington on birth control and the problem was taken up and discussed from various angles. Our leading gynecological periodicals of today are filled with advertisements of manufacturers of various contraceptive devices. In Russia, which we regard as the acme of radicalism, abortion is legalized, and is a function of the State. It is evident therefore, that there is a changing trend of thought in respect to this problem. However, I believe that the physician, because of the peculiar place which he occupies in the community, must be rather slow in advocating this doctrine, as I discovered some time ago to my grief, when I helped to establish a birth control clinic for indigent women, physically or socially unfit to have further children. There was a great deal of unfavorable criticism because of the attempt to establish this clinic.

With reference to operations for the relief of injuries suffered during childbirth, I do not think the surgeon has completed his task unless he has taken some steps to prevent the recurrence of these injuries through subsequent pregnancies. I believe that this situation should be discussed frankly between the husband, wife, and surgeon before operation, and, if they wish to accept the responsibility of insuring the work of the surgeon, then the surgeon has no further obligation. But if, on the other hand, the family is sufficiently large and the patient asks the surgeon to take those steps necessary to prevent a recurrence and second operation, then I think it is up to the surgeon to accede to her wishes.

It is important when this is done that whatever is carried out should be performed in such a way that, if, in the future, under some special conditions, a pregnancy should be desirable or wanted, a restoration of the reproductive tract could be effected. This is important from a psychological standpoint and adds considerably to the peace of mind of the patient to know that this is possible should she desire more children.

D. E. WHITE, El Dorado: I enjoyed Dr. Jones' paper. Like Dr. Krock who just preceded me, I think it is rather a delicate subject and rather a difficult one to discuss. I also agree with Dr. Jones that the term "conservative vs. radical" is a relative term, when applied to surgery, and various meanings are applied to it by different individuals. I would surmise from Dr. Jones' paper that he thinks there is oftentimes justification for birth control from an economical and utilitarian standpoint, even though it became necessary to resort to ligation of the Fallopian tubes or salpingectomy. I believe that there are times under certain conditions when possibly we would be justified but, at the same time, a thing like that would have to be worked out very carefully by the conscientious physician and the case thoroughly investigated. In other words, it would not do to let down the bars, so to speak, and suggest this as a general rule. I believe it is the inherent right of any man and his wife, who have some two or three children and do not care to have any more, to so arrange if possible to prevent further pregnancies. This is a day of budgeting. I believe in their family budget they should decide how many children they

want and in so far as possible not have any more. But I believe that you can resort to contraceptive measures a great deal of the time and prevent surgical interference. We have several contraceptive measures, with which I am sure you are all familiar. One in particular, the diaphragm and jelly method which, I think, is a very successful method. I have used that in my practice for something over three years and I have found it practically a hundred per cent successful where the directions are really properly carried out by the patient.

I enjoyed Dr. Jones' paper very much, and I am sure he gave us all something to think about in this time of depression.

T. M. FLY, Little Rock: I just want to say that one of the things I do not understand is, how Dr. Jones, or any one else, can tell what a woman really wants. She may think she does not want more children, and she really does want them. As Henry L. Mencken put this thing, when a woman finds out that she is pregnant, it ought to be her business whether she wants an abortion performed or not. That is what is called radicalism. I think very few people here will come out in the open and agree with him. I think on the other hand, 99 per cent of the people here will agree with him silently.

DR. JONES, in conclusion: I may not have lived as long as some of my colleagues, but I wonder where they think I got these gray hairs. I appreciate very much the liberal discussion my paper has had. I simply want to call attention again to the fact that I stressed the idea that the terms "radical" and "conservative" are merely relative. Also, I want to call attention again to the fact that I merely suggested the right of determination on the part of the patient, which is consistency in our actions. If we insist on the right of determination to take added risks, why are not we consistent, giving the woman the right of determination on the other side of the fence. It has been said that this is a delicate subject. It is indeed a delicate subject, yet I add that it is an important subject. You will notice that I gave in my paper no discussion of technique or methods of operation. As I said in my preliminary remarks, it is simply a paper on trends; trends in surgery. I will say again that the trend is towards a little more radical surgery in the female pelvis if the patient so elects. I thank you.

## RESOLUTION

Whereas, Dr. Elam H. Stevenson, an honored and esteemed member of this Society, beloved by all who knew him, passed into Eternity on November 20, 1934, be it

Resolved, That the Sebastian County Medical Society express its deep regret and sorrow and sense of loss in the death of Dr. Stevenson. We shall miss his cheerful presence and wise counsel. Be it also

Resolved, That the Society extend to the bereaved family our deep sympathy and that a copy of these resolutions be incorporated in the minutes.

ARTHUR F. HOGE, M.D.

C. H. KENNEDY, M.D.

Committee.

## THE EFFECT OF QUININE ON THE SECOND AND EIGHTH NERVES\*

J. G. MITCHELL, M.D.

El Dorado

In formulating a paper on the subject of "The Effect of Quinine on the Second and Eighth Nerves," I find the literature to be somewhat limited and meager. For this reason it has been necessary to consult the opinion and experience of some of my colleagues in addition to the literature. There seems to have been very little to appear in books or periodicals on this subject for the past ten or fifteen years.

It is an accepted fact that the two nerves in question are considered to consist of the most highly organized cells of the human body, the olfactory nerve alone excepted; consequently, it stands to reason that they would be more frequently affected by its use than those nerves with less highly-organized cells. We know quinine is a protoplasmic poison, and the object in its administration is to destroy the malarial organism without regard to its effect on the human organism.

I recently observed a female patient about twelve years of age in whom there was vision for form only existing. The drug had been administered in this case by the mother, and not upon the advice of the doctor, until visual disturbance appeared. Other than a general pallor I could not determine any abnormality in the fundi. The patient was of a rather neurotic family; therefore, I considered her to have an idiosyncrasy to the drug. On suspension of the drug, the vision became apparently normal in about two weeks.

I recall observing a patient in the Charity Hospital in New Orleans, with complete quinine amaurosis. This patient had taken the drug by unmeasured doses from a tablespoon over a period of some weeks. I regret that it was not possible to follow this case to the end. It is evident that this was of quite frequent occurrence some fifteen to twenty-five years ago before very much was known about the life-cycle of the malaria plasmodia and before intravenous medication was used in smaller and more accurately administered doses at selected intervals before the anticipated paroxysm. And, too, at that time there was more or less self-medication in unmeasured dosage by the uninformed public.

From an anatomical and clinical standpoint, about eighty per cent of all writers give practically the same version of the production of amblyopia; that is, an ischemia of the retina with pronounced narrowing of the retinal vessels and consequent degeneration of the ganglion cells. Some hold that the retinal condition extends on into the optic nerve proper ending in an optic neuritis. Both De Schweinitz and Holden have observed practically this syndrome in experimentation with animals. De Schweinitz gives the account of a patient developing amblyopia from as small amount as 12 grains. Dr. Scully has noted after continuous quinine use various degrees of contraction of the visual field and disturbances of color vision. In fact, practically all writers mention this phase of its effect. It is claimed that complete amaurosis may come on very suddenly and may be somewhat transient. It has been noticed that quite often the vision will increase when the patient lies down. This supports the theory of ischemia; providing the ischemia does not last too long, thereby depriving the ganglion cells of their nourishment, vision will return in varying degrees; of course, in proportion to the structural damage done.

**EFFECT ON THE EIGHTH NERVE.**—It is not infrequent to have a patient come in the office and say, "Doctor, my hearing has not been good since I had malaria and took too much quinine." Or, he might say a certain doctor gave him too much quinine. It is my experience, however, that the majority of these patients will fall into the progressive type of deafness, the etiology of which is not well known; or to some previous middle ear lesion; although I am of the opinion that a few of such cases are due to the effects of quinine on the auditory nerve. We are all well aware of the constancy of the one symptom of tinnitus, with slight deafness following the usual therapeutic dosage. One might say that this is the result of all who take quinine. Under continued use the deafness may be almost complete.

It is not well understood just how deafness is produced. Some writers claim that an anemia is produced; others, a hyperemia; and by others it is thought that a direct action is exerted on the nerve structure. If the quinine administration is continued, permanent deafness may result either from degenerative changes in the spiral ganglia of the cochlea or from a chronic otitis media arising from the continued congestion.

It might be comforting to those who entertain the school of thought that quinine produces an

\* Read before the Fifty-ninth annual session of the Arkansas Medical Society, held in Little Rock, April 16-18, 1934.



ischemia in the labyrinth, that it is used in Meniere's syndrome, which is taught by some to be accompanied by a state of hyperemia. Dr. Fletcher states that he has observed good effects by its administration in Meniere's syndrome.

Dr. H. M. Taylor, of Jacksonville, Florida, published an article in the Florida State Medical Journal in 1933, putting forth investigations as to the possible causes of congenital deafness, which might be attributed to the use of quinine in the induction of labor. In doing so, he procured histories from several mothers who had taken quinine to induce labor, who consulted him in congenital deafness cases, and in these cases he found that in nearly all instances the mother had received from 10 to 30 grains of quinine during three hours prior to delivery. Therefore, he concluded that there had been considerable damage done in some cases by the administration of quinine to expedite labor. He mentions many instances of reports in the literature of fetal deaths following quinine induction.

### CONCLUSIONS

(a) More care should be exercised in administering quinine to neurotic individuals.

(b) Undue quinine treatment should be abstained from in all industrial workers, more particularly trainmen and aeronautic pilots.

(c) Dosage to induce labor should be limited.

### DISCUSSION

L. C. McVay, Marion: I have had cases that have been given quinine with the same effect that the doctor reported to us. But right here I believe I will report a couple of cases I have had recently that might be of interest to you. They were very interesting to me.

A Chinese woman was delivered a few days before of a fifth child. She had had malaria in the fall. I intended to give her ordinary quinine sulphate but she told me she could not take quinine, so I gave her two grains of quinine with one-sixth of a grain of plasmochin. She took one dose. She sent for me in about three hours after that, thinking she was going to die; I thought so, too. I made several visits to see her. She did not complain of any deafness, but she was not able to get her breath. She had two negro women rubbing her for itching and stinging of the skin. Her rash was severe. I gave her adrenalin immediately and it relieved her symptoms entirely but for only a short time. All her symptoms returned after a few hours. I made several visits before I was able to relieve her symptoms.

Another case was that of a young married woman, operated about two weeks before for acute appendicitis, with no bad effects following. She complained of a leucorrhea she had for some time, a trouble her mother also seemed to have. So, while she was in the hospital, a vaginal smear was examined, and it was reported that

she had some positive organisms. I used a local application of 15 grains of quinine-dichloride in the vagina. She lived only a few doors from my office. Her grandmother came for me in about ten minutes. I was busy, and she would not disturb me. In about twenty minutes she came back and said the girl was not doing well, that she was feeling very badly. I went over immediately and found her in a rather bad condition. She was cold and as white as could be, with very little pulse. She was a strong healthy-looking girl. She had very labored breathing with a temperature in a few hours to 103°. She had a temperature of 104 and a chill the next morning. I watched to see whether she had some other cause for the chill, but she had no chill or fever after the second day. These were the only very serious effects following the use of quinine I have seen in 25 years practice in the delta.

DR. MITCHELL, in response: As to the effect of quinine on the patient causing rash, I should have included the matter of allergy in my paper. The articles from which I drew the greater part of my information call this a neurotic state. I think, as we know it now, that all of the allergic tendencies are neurotic. I believe that is one thing we should look and not wait for the history the patient gives, the history of being sensitive to quinine, but just ask if he has asthma, hay-fever, urticaria, or is sensitive to any protein or pollen.

Man is of few days and full of trouble. He laboreth all the days of his youth to pay for a gasoline chariot, and when at last the task is finished, Lo! the thing is junk and he needeth another. He planteth cotton in the earth and tilleth it diligently, he and his servants and his asses, and when the harvest is gathered into barns he oweth the landlord eight dollars and forty cents more than the crop is worth. He borroweth money from the lenders to buy pork and syrup and gasoline and the interest eateth up all that he hath. He begets sons and educateth them to smoke cigarettes and wear a white collar, and Lo! they have soft hands and neither labor in the fields nor anywhere under the sun. The children of his loins are ornery and one of them becometh a lawyer and another sticketh up a filling station and maketh whoopee with the substance thereof. The wife of his bosom necketh with a stranger and when he rebukes her, Lo! she shooteth him in the finale. He goeth forth in the morning on the road that leadeth to the city and a jitney smiteth him so that his ribs project through his epidermis. He drinketh a drink of whoopee juice to forget his sorrows and it burneth the lining from his liver. All the days of his life he findeth no parking place and is tormented by traffic cops from his going forth until he cometh back. An enemy stealeth his car; physicians remove his inner parts and his teeth and his bank roll; his daughters showeth their legs to strangers; his arteries hardeneth in the evening of life and his heart busteth trying to keep the pace. Sorrow and bill collectors followeth him all the days of his life, and when he is gathered to his fathers the neighbors sayeth: How much did he leave? Lo! he hath left it all. And his widow rejoiceth in a new coupe and maketh eyes at a young sheik that slicketh his hair and playeth a nifty game of bridge. Woe is man! From the day of his birth to the time when earth knoweth him no more, he laboreth for bread and catcheth the devil. Dust he was in the beginning and his name is mud.—Fountain Inn (S.C.) Tribune.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

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(Appointments expire in the year indicated.)

**Scientific Work**—L. L. Purifoy, Chairman, El Dorado (1935); R. B. Robins, Camden (1936); W. R. Brooksher, Fort Smith (1937).

**Medical Legislation**—Val Parmley, Chairman, Little Rock (1937); M. L. Norwood, Lockesburg (1937); O. L. Williamson, Marianna (1937); H. T. Smith, McGehee (1936); R. L. Smith, Russellville (1936); A. S. Buchanan, Prescott (1935); H. A. Dishongh, Little Rock (1935).

**Health and Public Instruction**—W. B. Grayson, Chairman, Little Rock (1937); S. W. Douglas, Eudora (1937); B. M. Stevenson, Crawfordville (1937); H. K. Carrington, Magnolia (1936); H. A. Stroud, Jonesboro (1936); J. H. Fowler, Harrison (1935); E. J. Munn, El Dorado (1935).

**Medical Education and Hospitals**—Joe F. Shuffield, Chairman, Little Rock (1937); David Levine, El Dorado (1936); J. B. Futrell, Rector (1935).

**Public Relations**—D. A. Rhinehart, Chairman, Little Rock (1937); E. E. Barlow, Dermott (1936); M. E. McCaskill, Little Rock (1935).

**Medical Economics**—I. F. Jones, Chairman, Fort Smith (1937); R. B. Robins, Camden (1937); J. E. Neighbors, Stuttgart (1936); D. E. White, El Dorado (1936); Roy Millard, Dardanelle (1935); A. C. Shipp, Little Rock (1935); R. M. Sloan, Jonesboro (1935).

**Scientific Exhibit**—F. H. Krock, Chairman, Fort Smith (1935); H. King Wade, Hot Springs National Park (1936); W. E. Gray, Jr., Little Rock (1937).

**Arrangements**—(Host Society 1935 meeting)—D. W. Goldstein, Chairman, C. S. Holt, J. A. Foltz, H. Moulton, M. E. Foster, W. G. Eberle, I. F. Jones.

**Necrology**—W. H. Mock, Chairman, Prairie Grove (1935); J. M. Lemons, Pine Bluff (1936); H. Moulton, Fort Smith (1937).

**Auxiliary**—L. J. Kosminsky, Chairman, Texarkana (1935); W. T. Wootton, Hot Springs National Park (1936); C. S. Holt, Fort Smith (1937).

**Cancer Control**—D. W. Goldstein, Chairman, Fort Smith (1937); R. L. Saxon, Little Rock (1936); L. A. Purifoy, El Dorado (1935).

The history of the medical profession today has reached a crucial point, and it is our duty to save the efficiency of a noble profession, that not only has a great past, but a still greater future.

—H. E. Sigeristin, Bull., N. Y. Acad. Med., Dec., 1933.

## EDITORIAL

### MEMBERSHIP

The 1935 membership assessment is now due from every member of the Arkansas Medical Society. Prompt payment of this small fee to the county secretaries will be appreciated and will permit these officers to devote to the other activities of organized medicine much of the time formerly spent in an effort to secure the assessments of some members, who, for an unexplained reason, do not pay within the constitutional period. Nineteen thirty-five promises to be a year in which medical organization must have available its greatest manpower, must attain greater strength, must function at peak efficiency. It is a year in which liberal demand will be made of the time, energy and ability of every physician for the interests of organized medicine. The organization must be strengthened in every way. Therefore, the first obligation of every member is to pay his 1935 assessment now. The next obligation is to interest other eligible, worthwhile physicians, not now members, in affiliation with the organization. Briefly, we summarize some of the benefits of membership in the Arkansas Medical Society:

1. Maintenance of organization machinery for the service of its members.
2. An aggressive state organization for the protection of its members and the public.
3. Proper identification of the professional status of a physician.
4. Subscription to The Journal of the Arkansas Medical Society.
5. Attendance at society and clinical meetings.
6. Medical and public health legislative activities.
7. Requirement to membership in the American Medical Association as well as the special societies.
8. The only effective medium of contact between the medical profession and the public.
9. A means for cooperation with other groups interested in the common problems of public health and professional practice.

### MALPRACTICE INSURANCE

Approximately 4,000 malpractice suits are filed yearly against physicians in the United States according to the studies of Stetson and Moran who have reported their findings in The New England Journal of Medicine. Such a situation demands drastic action from the medical



profession lest it become a veritable scourge. Numerous factors contribute to the increase in the number of these suits, among which is the present economic unrest.

It is especially important, therefore, that every member provide himself with adequate protection against this evil. Members of the Arkansas Medical Society are privileged to purchase this protection from a reliable insurance carrier at a reasonable premium. No complaint against this company's management of members' defense has been received.

Unfortunately, a number of Arkansas physicians have discontinued this protection during the past year, possibly as an economy move. This, we believe, is a short-sighted policy. The defense of one action in court alone, verdicts disregarded, will cost the equivalent of many years' premiums. Your professional liability insurance is a necessity; it is a calm, assuring force should you become the defendant in such an action. Maintain it in effect to the last.

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### EDITORIAL COMMENT

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Physicians of the United States are most interested in the recommendations of the President's Committee on Economic Security. Members of the medical profession who have been called upon to serve in an advisory capacity on this committee are: Harvey Cushing, Stewart R. Roberts, George Crile, Thomas Parran, James Alexander Miller, W. L. Bierring, Robert B. B. Greenough, George M. Pierson, and J. Shelton Horsley. In addition R. G. Leland, of the Bureau of Medical Economics, has been asked to serve as a technical consultant. The viewpoints of these physicians on so-called socialized medicine are varying and will insure that the committee will hear all sides of the question.

Unemployment insurance and old age pensions appear to be the immediate objectives of the presidential plan but there is no doubt but that legislation will be introduced proposing methods for the medical care of the American people. Just what provisions will be embodied in these proposals cannot be surmised.

Physicians owe a duty to themselves as well as a larger duty to the public to become well-informed on systems of socialized medicine which are now in effect in other countries, ascertaining whatever there may be of merit or demerit in such plans. The public will expect, and rightfully so, that medical men will be best informed on these matters.

The action of the Sebastian County Medical Society in voting for a return to the constitutional assessment of five dollars from the membership by the state society is encouraging to the officers and to the Council. A comparison of the revenues thus obtained was discussed in the October Journal. Efficient operation of the organization with publication of The Journal can not continue on the present three-dollar assessment. Nineteen thirty-five promises to bring many problems affecting the practice of medicine and medical organization. To successfully cope with these difficulties will require expenditures of society funds in excess of the usual operating expenses. It is hoped that the county societies will consider the good of the organization in this matter and support a movement to restore society income to a normal level.

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In any discussion of sickness insurance or socialized medicine, three facts stand out in the medical viewpoint:

1. No one is as familiar with the social, financial and medical needs of the patient as his confidential adviser — his physician.

2. If paid a living wage, the employee and his physician will work out a method of providing needed medical service. No political clerks will be necessary to establish or maintain this relationship, and the service will be better, more satisfactory, and cheaper.

3. Deterioration of the quality of medical service as a result of unwise interference would harm the public and the medical profession.

Members are urged to thoroughly inform themselves on the subject of socialized medicine in all its forms in order that they may intelligently present the views of organized medicine to the lay public, legislators, and other interested persons.

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The House of Delegates of the Michigan State Medical Society has voted not to experiment at this time with the mutual health service plan presented by its committee on economics. This is perhaps the most complete plan yet evolved for health services differing in form from the present physician-patient relationship, and, since its release, has been the subject of much discussion in medical councils. Its presentation before the House of Delegates of the American Medical Association in June was directly responsible for the adoption by that body of the so-called "Ten-Point Plan," an official statement of the policies of the national organization.

The discussion in Michigan indicates that the general sentiment in that state is opposed to change in the traditional manner of medical practice; that these physicians desire to maintain their independence, to control their practice, and to have opportunity to succeed individually in accord with personal merit, receiving such remuneration as the patient is able to give. This is undoubtedly the choice of the majority of the physicians of the United States. In connection with plans for socialization of medicine, the statement of G. B. Cutten, President of Colgate University, is of particular interest: "Will it be rugged individualism or ragged collectivism? We've taken better care of the idiot than we have of the genius. We have coddled the moron and starved the intelligent. Those with the divine spark have been neglected, while we have lavished money and training upon the pinheads. Social legislation begs the unfit to become more unfit and cordially invites the fit to stop the struggle and vegetate."

Some confusion has arisen over the contradictory statements in the letter of Dr. S. J. Wolfermann, Chairman of the Council, to all county societies on November 12th, and a copy of a relief administration circular mailed to all advisory committeemen by the state secretary on December 1st. At the time of Dr. Wolfermann's letter, the relief administration advised that no mileage would be allowed on post-natal visits. By a later regulation on December 1st, this was revised to permit mileage on two of three post-natal visits, the third visit to be made to the physician's office four to six weeks after delivery. Conflicts such as these in regulations of the state relief administration are to be expected from time to time as the method of relief changes. County advisory committeemen are advised of these changes by bulletin or letter as soon as possible by the state secretary.

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### FROM YOUR LEGISLATIVE COMMITTEE

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To the Members of the Arkansas Medical Society:

Soon we will be in the throes of a State, as well as national, legislative session. The past has taught us that we must present a united front in legislative matters affecting Organized Medicine.

The Organized Medical Profession of this State asks no special favors of the State Legislature, but it does insist upon maintaining the high standard it has set for itself. If we work at cross-purposes within our own ranks we are certain to lose those things which we have gained in the past. Therefore let us stand together.

If the future may be judged by the past many bills will be introduced in the next legislature by various groups seeking special privileges concerning the practice of medicine and public health matters. These bills will relate to osteopathy, chiropractic, anti-vivisection, anti-vaccination, principle of contract practice, employees' compensation, compulsory automobile drivers' licenses and accident insurance, repeal of the Basic Science Law, repeal of sections of the Medical Practice Act, and numerous kindred subjects. All of these questions and many others are of vital interest to the profession of this State.

The Druggists, Dentists, and Hospital Association will stand as one with us in our legislative battles during the coming session. Members of the Legislative Committees of these organizations will meet in December to discuss proposed legislation and methods of combating such legislation as may be directed against any or all of us. Therefore you may feel free to discuss in your sections and counties secure in the knowledge that we are working hand in glove together. With the help of these allies we feel that we can present an almost impregnable front in defending our position on any subject affecting our several professions.

From time to time you will be informed by means of bulletins on legislative matters pertinent to our several professions. Also you will be called upon from time to time to contact your representatives and senators either personally, by mail or by wire. We hope that you will respond readily for you may rest assured that if called upon for such contact the situation will demand quick action.

Constructive suggestions will be cheerfully received by the members of your committee. Address all communications to the Chairman, 907 Donaghey Building.

Fraternally,

VAL PARMLEY,  
Chairman Legislative Committee.



## PROCEEDINGS OF SOCIETIES

The Ouachita County Medical Society was addressed at its December meeting by Drs. A. Hutchinson, C. E. Kitchens, and H. E. Murry, of Texarkana.

Washington County Medical Society has elected the following officers: President, A. A. Gilbert; Vice President, J. M. Wallace; Secretary-Treasurer, Fount Richardson.

Drew County Medical Society has elected the following officers: President, A. S. J. Collins; Vice President, G. E. DeBolt, and Secretary-Treasurer, J. S. Wilson.

Mississippi County Medical Society has elected the following officers: President, R. L. Johnson; Vice President, W. M. Owen; and Secretary-Treasurer, F. D. Smith.

The Tri-County Clinical Society met at Hope on November 27 for the following program: "Fractures and Dislocations in the Region of the Elbow," G. A. Caldwell and T. M. Oxford; "Preventative Orthodontia," H. D. Harper, D.D.S.; "Heart Block," M. D. Hargrove. All of the speakers were from Shreveport.

— C. K. Townsend, Secretary.

The twelfth meeting of the Fort Smith Clinical Society was held November 22 with the following members presenting a program of operative and dry clinics and round-table luncheon talks: J. W. Amis, A. A. Blair, J. H. Buckley, J. A. Foltz, M. E. Foster, I. F. Jones, F. H. Krock, H. Moulton, J. C. Ogden, Pierre Redman, and H. H. Smith. The afternoon guest speakers and their subjects were: T. H. McCarley, McAlester, Oklahoma, "Pneumonia in Childhood;" G. B. Fletcher, Hot Springs National Park, "Diagnosis and Treatment of Coarse Tremor;" and Val Parmley, Little Rock, "Shock and Burns Due to Electricity."

The dinner meeting of the Pulaski County Medical Society November 19th honored F. O. Mahony, President of the Arkansas Medical Society. Additional guests of the society for this meeting, which is to become an annual function, were the following past-presidents of the Arkansas Medical Society: E. E. Barlow, Robert Caldwell, L. J. Kosmınsky, H. Moulton, F. Vinsonhaler, W. T. Wootton, and D. A. Rhinehart, and President-elect M. E. McCaskill. The scientific program, which followed an address by President Ma-

hony, was: "Causes of Failure in the Surgical Treatment of Gallbladder Disease," Warren H. Cole; and "Reduction of Mortality in Intestinal Obstruction," Robert Elman, both assistant professors of surgery in Washington University, Saint Louis.

Over one hundred physicians attended the meeting and duck dinner of the Third Councilor District Medical Society at Stuttgart November 27. The following scientific program was presented: "Early Diagnosis of Osteomyelitis," J. S. Speed, Memphis; "Home Treatment of Peptic Ulcer," J. F. John, Eureka Springs; "Foreign Bodies in the Auditory Canal," Aris W. Cox, Helena; and "Studies in Tuberculosis" (lantern slide demonstration), J. D. Riley, State Sanatorium. Newly-elected officers are: President, Ruffin Longest, Wynne; Vice President, S. S. Beaty, England; and Secretary-Treasurer, J. O. Rush, Forrest City. The Society will next meet at De Valls Bluff.

Lawrence County Medical Society met at Black Rock November 13 as the guests of Drs. Cruse and Tibbels. The program was presented by Battle Malone and Battle Malone, II, of Memphis, and Ralph Sloan, of Jonesboro. Dinner was served at the conclusion of the scientific session.

The Fourth Councilor District Medical Society met in dinner session at Monticello December 3. The program was as follows: "How to Collect Your Bills," L. C. Barnes, Hamburg; "How to Get Prices Back to a Normal Level," C. W. Dixon, Gould; "How I Handle Charity Work," J. A. Thompson, Dermott; "The Relation of the Physician to Public Health," H. T. Smith, McGehee, and "Cooperation of the Physician with Organized Medicine," W. R. Brooksher, Fort Smith.

The Eighth Councilor District Medical Society met at Little Rock December 5. Morning clinical sessions were conducted at St. Vincent's Infirmary by Drs. S. P. Bond, T. D. Brown, Caldwell, Carruthers, Dishongh, S. C. Fulmer, Gann, Higgins, Hinkle, H. Fay H. Jones, G. V. Lewis, O. C. Melson, Roe, Rodgers, E. H. White, and J. G. Watkins. After luncheon the program was continued with the following: "Appendicitis," A. S. Buchanan, Prescott; "Impaired Vision and Blindness in Children," R. J. Calcote, Little Rock; "Principles of Treating Some Common Types of Fractures," J. F. Shuffield, Little Rock, and "Conduct of the Normal Labor Case," W. T. Pride,

Memphis. Officers elected were H. E. Mobley, Morrilton, President; L. Gardner, Russellville, Vice President, and Alan G. Cazort, Little Rock, Secretary-Treasurer. The next meeting will be held in Conway.

The Ninth Councilor District Medical Society met at Harrison December 4 with the following scientific program: "Cancer Problem," Dewell Gann, Jr., Little Rock; "Early Syphilis," S. F. Hoge, Little Rock; "Relief Work and Its Regulations," D. L. Owens, Harrison; "Urological Backache," H. Fay H. Jones, Little Rock, and "Some Problems of Tuberculosis," J. D. Riley, State Sanatorium. A banquet at the Hotel Seville concluded the session.

Lincoln County Medical Society has elected the following officers: President, C. W. Dixon, Gould; Vice President, R. L. Johnson, Grady; Secretary-Treasurer, Vernon Tarver, Star City, and Delegate, G. C. Wood, Grady.

The Sebastian County Medical Society met December 11 with D. W. Goldstein presenting "Film Strips on Cancer Control" for the scientific program. The society recorded its approval for a return by the state society to the constitutional assessment of five dollars yearly from the members. Officers elected for 1935 are: President, F. H. Krock; Vice President, J. H. Buckley; Secretary, L. M. Henry; Treasurer, W. R. Brooksher; and Censor, J. H. Buckley. The annual banquet session of the society will be held January 8 with the following committee in charge: C. S. Holt, S. J. Wolfermann, and J. H. Buckley.

— J. W. Amis, Secretary.

The Independence County Medical Society met in dinner session December 10 at Batesville. The scientific program was as follows: "Some Problems of Tuberculosis," J. D. Riley, State Sanatorium; "Burns," V. D. McAdams, Cord; and "Pneumonia," F. A. Gray, Batesville. Officers elected for 1935 are: President, V. D. McAdams; Vice President, C. A. Churchill; Secretary-Treasurer, M. S. Craig; Delegate, O. J. T. Johnston, and Alternate, L. T. Evans.

— M. S. Craig, Secretary.

Dr. and Mrs. B. B. Bruce, Alma, entertained the Crawford County Medical Society and guests at dinner December 18th. The following were elected officers for 1935: President, S. D. Kirkland, Van Buren; Vice president, Q. R. Galloway, Alma, and Secretary-treasurer B. B. Bruce, Alma.

## PERSONALS AND NEWS ITEMS

H. H. Smith, Fort Smith, has been elected an honorary member of the Tulane University chapter of Omicron Delta Kappa, national honorary leadership fraternity. Dr. Smith's membership is the first conferred upon an alumnus by the Tulane chapter.

Dr. R. A. Milliken, formerly of Indianapolis, became associated with Dr. Val Parmley in December.

Speakers before the general clinical sessions of the Southern Medical Association were: Dewell Gann, Jr., Little Rock, "A Study of 500 Consecutive Cases of Appendicitis and Appendicoses;" S. C. Fulmer, Little Rock, "Undulant Fever;" and O. C. Melson, Little Rock, "Jaundice As a Symptom." Speakers before special sections were: W. B. Grayson, Little Rock, "The Problem of Rabies;" George V. Lewis, Little Rock, "Hemolytic Jaundice;" E. I. Thompson, Little Rock, J. E. Stevenson, and F. H. Krock, Fort Smith, "Xanthoma Diabeticorum;" and H. S. Thatcher, Little Rock, "The Pathology of "Avi-aminosis" (Chairman's address).

Dr. Jacques Forestier, Aix-le-Bains, France, addressed a special meeting of the Pulaski County Medical Society, in November on "State Medicine in France."

Mississippi County Medical Society is again the first society to submit report and dues of members for 1935, F. D. Smith, Blytheville, Secretary, submitting his report on December 6 for the following members: D. L. Boyd, N. B. Ellis, T. F. Hudson, F. L. Husband, R. L. Johnson, I. R. Johnson, W. M. Owen, J. T. Polk, F. D. Smith, J. L. Tidwell, and C. E. Wilson. At this time the dues of a few scattered members for 1935 have been received in the State Secretary's office in addition to the report of Mississippi County.

Physicians with their wives who visited Mexico following the Southern Medical Association meeting were: E. L. Beck, F. W. Carruthers, S. C. Fulmer, D. W. Goldstein, H. Fay H. Jones, George V. Lewis, N. J. Latimer, and A. W. Strauss.

"Diverticula of the Jejunum: Report of Two New Instances" by J. S. Levy and A. DeGroat, Little Rock, appears in the December issue of the American Journal of Digestive Diseases and Nutrition.



Ira Ellis, Monette, has been elected Associate Grand Patron of the Grand Chapter of Arkansas Order of Eastern Star.

The Journal offers congratulations on the arrival of Clyde Dudley Rodgers, Jr., on November 23.

The Southeast Arkansas Rotary Conference was held at Monticello December 20 under the chairmanship of Stanley M. Gates, Monticello. Dr. F. W. Carruthers addressed this meeting on "The Crippled Child Problem."

Dr. A. S. Buchanan, Prescott, Secretary, The State Medical Board of the Arkansas Medical Society, has asked all physicians who hold certificates of this board dated May, 1932, or 1933, to return these certificates to him in order that their names may be re-engrossed thereon in a more durable ink. Should other certificate holders note fading of names on their certificates, they are also requested to return them for this re-engrossing.

Bids will be opened January 3 for the construction of a hospital at Dermott for which a PWA loan of \$85,500.00 has been approved. The hospital will be of 27-bed capacity and will be operated by the Benedictine Sisters.

Members of the Radiological Society of North America who attended its session in Memphis in December were: George F. Jackson, B. A. Rhinehart, D. A. Rhinehart, Little Rock; J. S. Wilson, Monticello; and W. R. Brooksher, Fort Smith.

In an impressive ceremony by the Grand Lodge of Arkansas Masons, the cornerstone of the building of the University of Arkansas School of Medicine was laid November 20. The principal address was delivered by Senator Joe T. Robinson and additional addresses were made by Governor Futrell, former Governor George W. Donaghey, Hon. D. D. Terry, and H. M. Bennett. Dr. Frank Vinsonhaler presided over the meeting and the Masonic ceremony was in charge of W. A. Thomas, the grand master, assisted by other grand lodge officials.

Commissions as First Lieutenants, Medical Reserve Corps, have been issued Jeff Baggett, Prairie Grove, and T. D. Brown, Little Rock.

Drs. H. H. McAdams and R. H. Willett have erected a 14-room clinic building for their occupancy at Jonesboro.

The following have changed locations: Oscar Barksdale, from Wilson to West Memphis; H. G. Heller, from Foreman to Mena, and B. M. Stevenson, from Crawfordsville to West Memphis.

C. S. Paddock, formerly of Fayetteville but now practicing in Memphis, addressed the Craighead-Poinsett County Medical Society November 8 on "Renal Calculus Disease."

Arkansas physicians in attendance at the meeting of the Southern Medical Association, held in San Antonio, November 13 to 16, were:

T. E. Benton, Lonoke; E. A. Callahan, Carlisle; F. W. Carruthers; B. F. Casada, Hot Springs National Park; A. G. Cazort, Little Rock; Noel Copp, Calico Rock; W. G. Eberle, Fort Smith; W. A. Fowler, Fayetteville; W. N. Freemeyer, Little Rock; S. C. Fulmer, Little Rock; W. M. Gibson, Nashville; D. W. Goldstein, Fort Smith; W. B. Grayson, Little Rock; C. G. Hinkle, Batesville; A. A. Hughes, Pine Bluff; H. Fay H. Jones, Little Rock; A. W. Keith, Stamps; A. C. Kolb, Hope; L. J. Kosminsky, Texarkana; N. J. Latimer, Corning; B. V. Lewis, Little Rock; P. L. Mahoney, Little Rock; Madeline Melson, Little Rock; O. C. Melson, Little Rock; H. E. Mobley, Morrilton; W. H. Mock, Prairie Grove; J. A. Moore, El Dorado; I. N. McCollum, Conway; M. L. Norwood, Lockesburg; C. E. Oates, North Little Rock; T. G. Porter, Hazen; A. R. Power, Hot Springs National Park; C. C. Reed, Jr., Little Rock; Fount Richardson, Fayetteville; B. L. Robinson, Little Rock; D. V. Smith, Huttig; E. M. Smith, Hot Springs National Park; Morgan Smith, Little Rock; P. M. Smith, Magnolia; W. F. Smith, Little Rock; A. W. Strauss, Little Rock; H. S. Thatcher, Little Rock; E. I. Thompson, Little Rock; and W. T. Wootton, Hot Springs National Park.

Thomas Watson, Benton, addressed the Malvern Rotary Club December 6 on the work of the county health unit.

Howell Brewer, Hot Springs National Park, was elected Vice President of the Arkansas National Guard Association on December 9.

"The Pathology of Avitaminosis" by H. S. Thatcher, Little Rock, appears in the December Southern Medical Journal.

Ira Ellis, Monette, and W. M. Majors, Paragould, addressed the Greene County Medical Society December 13th.

In attendance at the Conference of the Memphis Society of Ophthalmology and Otolaryngology on December 11 were: N. B. Burch, Hot Springs National Park; R. J. Calcote, Little Rock; Raymond Cook, Little Rock; A. W. Cox, Helena; O. H. King, Hot Springs National Park; H. J. G. Koobs, Rogers; J. C. Ogden, Fort Smith, and J. A. Saliba, Blytheville.

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## OBITUARY

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CHARLES EDWARD PARK, of DeWitt, aged 57, died in a Memphis Hospital November 20. He had practiced at DeWitt since his graduation from the Saint Louis University School of Medicine in 1903. In addition to his membership in the county and state medical society, he was a member of the Masonic Lodge and of the Rotary Club. He is survived by his wife, one daughter, and two brothers.

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ELAM HENSLEY STEVENSON, aged 78, died at Fort Smith November 20 following a heart attack on November 16. He was born in Giles County, Tennessee, on July 22, 1856, and graduated in 1879 from the Eclectic Medical Institute of Cincinnati. On February 9, 1933, he completed fifty years of practice in Fort Smith, but had previously practiced for a few years at Beebe Rock, Arkansas. Throughout his life he had been active in the religious, civic and medical activities of the city, serving for fifty-one years as a member of the Board of Stewards of the First Methodist Church, as a founder and director of the first hospital in Fort Smith, and was a member of the Lions Club, and of the Knights of Pythias and the Odd Fellows. A former President of the National Eclectic Medical Association, he became a member of the Arkansas Medical Society in 1929. His outstanding contribution to organized medicine in Arkansas was his work in securing the passage of the basic science law. He is survived by his son, Dr. J. E. Stevenson, who had been associated with him in practice for over twenty-seven years; Mrs. J. E. Stevenson; a sister, Mrs. Sterling Loyd, of Memphis; and three grandsons.

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## AUXILIARY NEWS

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### ALL GOOD WISHES FOR A HAPPY AND PROSPEROUS 1935

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The medical auxiliary of Bowie and Miller counties met with Mrs. T. F. Kittrell, November 23. The cohostesses were Mrs. L. H. Lanier, Mrs. L. P. Goode, and Mrs. P. H. Phillips, of Ashdown.

Mrs. Decker Smith, president, led the meeting, at which time plans were made to follow the usual custom filling Christmas stockings for the United Charity. A Christmas

party for the doctors and their wives was also planned, to be held at the McCartney Hotel on December 28.

The guest speaker for the afternoon, Dr. H. E. Murry, spoke on "Health Legislation in Arkansas."

Mrs. Ralph Cross, bride of Dr. R. C. Cross, was also a guest of the Auxiliary.

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The Auxiliary to the Cross County Medical Society was organized on November 2 at the home of Mrs. L. H. Lipsey in Wynne. There were seven members present. The following officers were elected: President, Mr. Austin F. Barr, Cherry Valley; Vice President, Mrs. Thomas Wilson, Wynne; Secretary-Treasurer, Mrs. J. S. Miller, Parkin. The Auxiliary plans to hold its meetings on the first Friday of each month. On November 6, the Auxiliary was honored with a visit from Mrs. William Hibbitts at the home of Mrs. Thomas Wilson in Wynne. Mrs. Hibbitts talked to us about the work and purpose of the Auxiliary. The membership of the Auxiliary is small, but we hope to have more members later, and after Mrs. Hibbitts' very interesting and inspirational talk with us, we hope that the Auxiliary can carry on its intended work.

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The Southern Medical Auxiliary meeting in San Antonio was most interesting and enjoyable. Our President, Mrs. William Hibbitts, served as Secretary for the entire meeting. Arkansas was well represented. Those registered were: Mesdames Noel Copp, Calico, Rock; E. A. Callahan, Carlisle; T. E. Benton, Lonoke; A. C. Kolb, Hope; H. F. Jones, Little Rock; C. G. Hinkle, Batesville; William Hibbitts, Texarkana; W. B. Grayson, Little Rock; D. W. Goldstein, Fort Smith; F. Richardson, Fayetteville; T. G. Porter, Hazen; H. E. Murry, Texarkana; N. J. Latimer, Corning; Euclid Smith, Hot Springs National Park; W. F. Smith, Little Rock; A. W. Strauss, Little Rock; W. T. Wootton, Hot Springs National Park; S. C. Fulmer, Little Rock; M. V. Russell, El Dorado; L. J. Kosminsky, Texarkana; Charles E. Oates, Little Rock; M. M. Melson, Little Rock; P. M. Smith, Magnolia; F. W. Caruthers, Little Rock, and W. N. Freemyer, Little Rock.

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The Obstetrical Pack Committee to the Pulaski County Medical Society met November 14, at the home of Mrs. R. A. Law where 15 kits were assembled under the direction of Mrs. F. E. Hurrell, sub-chairman. Members present included Mesdames J. B. Crawford, President of the Auxiliary; Byron A. Bennett, L. F. Barrier, W. R. Richardson, G. F. Jackson, and D. M. Switzer. Dainty refreshments were served by the hostess.

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The November meeting of the Auxiliary to the Pulaski County Medical Society was held at the home of Mrs. H. W. Hundling, November 21. Mrs. T. W. Brown, Mrs. W. M. Matthews, Mrs. G. D. Kenney, and Mrs. Paul Mahoney served as co-hostesses. Mrs. E. T. Browne reviewed Ruth Sockow's "The Folks." During the tea hour Mrs. W. R. Bathurst and Mrs. George Jackson presided.

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The Auxiliary to the Washington County Medical Society was organized December 11th at a dinner session held at the Washington Hotel, Fayetteville. Mrs. Wm. Hibbitts, State President, was in attendance to perfect the organization.



## BOOK REVIEWS

**Synopsis of Genitourinary Diseases.** By Austin I. Dodson, M.D., F.A.C.S., Professor of Genitourinary Surgery, Medical College of Virginia; Genitourinary Surgeon to the Hospital Division, Medical College of Virginia; Urologist to St. Elizabeth's and St. Luke's Hospitals and to the McGuire Clinic. Pp. 265 with 111 illustrations. Price \$3.00. Saint Louis: The C. V. Mosby Company, 1934.

This book is in compend form presenting the essential facts connected with urology. The signs and symptoms, the instruments, the anatomy, the anomalies, and the principal lesions of the genitourinary system are covered in a concise, lucid manner. The numerous illustrations, practically all of which are diagrammatic, are most satisfactory for the comprehension of the subjects treated.

**Diseases Peculiar to Civilized Man: Clinical Management and Surgical Treatment.** By George W. Crile, M.D. Edited by Amy Rowland. Pp. 427. 41 illustrations. Price \$5.00. New York: The Macmillan Company, 1934.

This volume represents a tremendous amount of work in its compilation and is a distinctly new theme in medical subjects. It is concerned with the clinical management and surgical treatment of certain diseases which are recognized as being peculiar to civilized man. These are hyperthyroidism, neurocirculatory asthenia, persistent peptic ulcer, and certain cases of diabetes and epilepsy. The stress and strain of civilization are considered causal factors in these so-called "kinetic" diseases. Crile believes they are due to an abnormally high sustained activity of the adrenal-sympathetic-thyroid system and he recounts his efforts to control these disturbances by surgery of the adrenal gland. His series now totals over 300 cases and approximately one-half of the volume is devoted to the detailed case histories of individuals who have had such surgical intervention. The technic of adrenal denervation is fully described.

**Definite Diagnosis in General Practice.** By W. L. Kitchens, M.D. With a Foreword by John H. Musser, B.S., M. D., F.A.C.P., Professor of Medicine in The Tulane University of Louisiana School of Medicine. Large Octavo of 1,000 pages. Philadelphia and London: W. B. Saunders Company, 1934. Cloth, \$10.00 net.

The purpose of this book is stated to be threefold: (1) For use as a quick reference, (2) as a simplified differential diagnosis, and (3) as a "selective diagnosis." 506 symptoms of definite diagnostic significance in some 407 disease entities are considered. The diseases are those to be met with in a wide and varied practice. The reader may quickly review the symptomatology of a given disease; or with a given symptom, those diseases in which the symptom is of diagnostic importance may be readily found. It is in the field of differential or "selective" diagnosis, however, that the book offers its greatest value to the practitioner. The arrangement permits a comparison of the symptomatology of one disease with that of another in an especially advantageous manner. While not a "royal road to learning," the volume certainly offers appreciated assistance in diagnosis. A unique feature is the provision which has been made for the addition of symptoms from the reader's personal observations to those compiled by the author, and for new diagnostic points as they may be established from time to time. The physician who employs this volume routinely will find that diagnosis is facilitated while his acquaintance with differential points becomes enlarged.

**The Surgical Clinics of North America.** (Issued serially, one number every other month.) Volume 14, Number 5. Lahey Clinic Number—October, 1934. Octavo of 260 pages with 72 illustrations. Per clinic year, February, 1934, to December, 1934. Paper, \$12.00; Cloth, \$16.00 net. Philadelphia and London: W. B. Saunders Company, 1934.

This issue is the first of the new series in reporting different clinics. It is indeed superior to the previous issues. All rare and uninteresting case reports are omitted. The new series lists the different specialties with the contributors to that branch. We are able to follow pre- and post-operative treatment as employed by the authors, instead of the reports of individual cases as formerly. This volume presents: the medical and surgical treatment of peptic ulcer; the technic of intratracheal anesthesia; jaundice and its management; empyema; the use of skeletal traction; the treatment of plantar warts; hyperthyroidism; and the treatment of lingual tonsils. The change will prove popular, bringing a larger number of physicians in contact with interesting clinical treatises from different authorities.

— I. F. Jones.

**Minor Surgery.** By W. Travis Gibb, M.D., Consulting Surgeon, City Hospital and Central and Neurological Hospitals; Formerly Attending Surgeon, Workhouse and Penitentiary Hospitals and Hospital for the Aged and Infirm Poor, New York City. Pp. 418 with 148 illustrations. Price \$5.00. New York: Paul B. Hoeber, 1934.

The reviewer is pleased to know that minor surgery as met with in everyday practice can be so condensed and practical. The author's style is clear and explicit. Technic is fully detailed. The fields of presurgical, surgical, and post-operative care are covered. The prognosis is given in all instances. Attention is given to removal of conditions which impair the condition of the patient and delay recovery. It would not be amiss for every practitioner to have this volume within reach for quick reference as well as for interesting reading.

— O. D. Ward.

**Minor Maladies.** By Leonard Williams, M.D. 6th Edition, reprinted. Pp. 393. Price \$3.75. Baltimore: William Wood and Company, 1934.

This is a common sense and scientific consideration of a few of the more common ailments which confront the general practitioner. Colds, Indigestion, Constipation and Diarrhea are some of the conditions considered. Many observations that aid in differential diagnosis not found in the average textbook are noted in this volume. It is more easily read than is the usual English work. Drug references are, of course, to the British Pharmacopeia, but it is believed that the book will be of interest to the great majority of physicians in this State.

**Gynecology.** By Brooke M. Anspach, M.D., Professor of Gynecology, Jefferson Medical College, Philadelphia. 5th Edition. Pp. 812. 679 illustrations, 10 in color. Price \$9.00. Philadelphia: J. B. Lippincott Company, 1934.

The new edition of Anspach's "Gynecology" has been enlarged and in part rewritten in order to include recent advances, especially in physiology and disturbance of gynecological function. New chapters include those on endometriosis; sterilization and therapeutic abortion; and minor surgical, electro-thermic, mechanical and local treatment. A new feature is the chapter on constitutional types and endocrine disorders.

The work is practical in every respect. With the discussion of each disease are given both clinical and laboratory methods of examination, including a description of instruments used in special examinations. The text is fully illustrated. Descriptions of operative technic are explicit and easy to follow. Post-operative care is given in detail.

A complete and up-to-date bibliography is given at the end of each chapter, enabling one to further study recent work, especially valuable in the field of physiology and the endocrines.

— Ruth Ellis.

### ABSTRACT

The Treatment of Verrucae by Local Injection of Bismuth. Harold Shellow. Ill. Med. Jour., Oct. 1934, 66; 332-336.

The aqueous 1.5 per cent solution of bismuth sodium tartrate was employed in the following manner: usual skin preparation by soap and water, iodine and alcohol; then with a fine hypodermic needle the skin is pierced just outside of the zone of hyperkeratosis, directed downward and inward to the base of the verruca, keeping the end of the needle just above the corium. A good deal

of force will be required for the injection and unless this resistance is met, the solution will not be injected at the proper site. From 1/2 to 2 minims are injected, according to the size of the lesion. In from 1 to 3 days a dark hemorrhagic area appears, visible through the keratotic growth, and in most cases there is either complete cessation or diminution of pain. If within 7 to 14 days following the appearance of the hemorrhagic center the verruca has not disappeared or the central portion has not fallen out, the keratotic tissue can be removed to determine if activity is still present. In most instances an underlying normal appearing epidermis will be revealed. If after two weeks of further observation, an active verrucous tissue is seen, the lesion can be re-injected. The epidermis is usually normal in from four to eight weeks after the first injection. 97 lesions occurring in 73 patients were treated by the author; 89 were cured, 5 improved, 3 showed no improvement, 42 cases required but one injection. Since verrucae are known to involute frequently after any type of trauma, 32 lesions were injected locally with normal saline as a control. 29 of these showed no change after 3 injections while 3 lesions disappeared.

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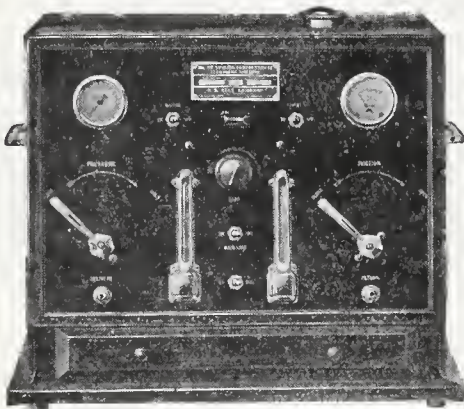
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# THE JOURNAL

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PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL



Vol. XXXI

FORT SMITH, ARKANSAS, FEBRUARY, 1935

No. 9

## COLON DYSFUNCTION\*

Henry Gordon Rudner, M. D., F. A. C. P.,  
Memphis

It is with difficulty that we define a syndrome so varied as that of colonic dysfunction, when so often in the majority of cases the colonic dysfunction is only a manifestation that is basically systemic in origin.

The term mucous colitis should be excluded from the discussion of colonic dysfunction, because it is inaccurately conceived, and arouses unwarranted fear in the minds of the lay. Colitis is an inflammatory condition of the colon, and should be limited to the inflammatory diseases of the colon.

Barker defines the condition as an enteropathy affecting nervous patients. Jordon defines it as a condition in which musculo-neural apparatus has lost its co-ordination and correlated function. The theories as to the etiology are legion. There is much difference of opinion about its character, and no agreement as to its etiology. Most of the writers, up to the present day, as Barger, Jordon, Bockus, and Brown, agree that the condition is purely neurogenic, and that the mucous produced in large amounts is a hypersecretion, and not inflammation. To be sure, it is the routine of the individual super-imposed upon a none too stable nervous system that produces the irritable colon, and the condition, once established, causes a vicious circle.

Those of us who have followed the pioneers in gastro-enterology and physiology and have watched with close scrutiny the correlation of the clinician, physiologist and bio-chemist, have now weathered the storms and revolutions in medicine, and are face to face with physiological truthfulness. We have watched the continental surgeons go through the orgy of drastic assaults to the abdomen, eviscerations and pexys in dealing with so-called diseases of the colon.

To such men as Alvarez, Howell, Carlson, Hurst

and Cannon, we are deeply indebted for our knowledge of the physiology of the gastro-intestinal tract. This tract is certainly a most intricate piece of machinery. Although it would seem impossible to compare this machinery with that of the heart, nevertheless it has almost the same nervous mechanism as the heart. The nervous mechanism of the gastro-intestinal tract is initiated by the indigestion of food; the pylorus then closes. The signal is then sent to the ileo-cecal valve, and it opens, allowing the fluid medium, held in the ileum, to pass into the cecum. There ensues a contraction of the recto-sigmoid. This is the gastro-colic reflex, a normal mechanism, occurring after each meal. When the fluid enters the colon, it causes the mass in the colon to move by direct physical effect, and not by peristalsis.

The colon is divided into the right colon, which has to do with absorption, and condensing; and the left colon, which is purely a reservoir, and normally should play no part in the absorption of anything but small amounts of water, dextrose and salt. So, then in civilized man, the function of the descending colon is that of holding fecal residue until it can be conveniently discharged, and the function of the ascending colon, and right half of the transverse colon is that of returning to the blood, the water which has been poured into the small intestines during the process of digestion.

Another function of the colon is that of excretion of heavy metals, and other substances, which have been absorbed higher up in the bowel. Certainly it is possible that hypersensitivity of the colon, which so often occurs, is due to the excretion of poisonous material which produces an irritation to the mucosa of the descending colon. The nature of these poisonous materials is not yet thoroughly understood.

The colon has an excretory function, as proven by Voit and, since this, many investigators have found various products of excretion in these secretions, such as calcium, iron, magnesium and phosphates. Also, bismuth and aluminum have been found. The fact that ulceration in the large bowel exists so commonly in bichloride of

\* Read before the Fifty-ninth Annual Session of the Arkansas Medical Society held in Little Rock, April 16-18, 1934.



mercury poisoning proves that this metal is so excreted.

One of the chief secretions of the colon is mucous, and its function is that of lubricant to the feces, as well as a protective agent to the lining of the large intestine. It is a protective agent to this delicate membrane, and acts in a mechanical manner, rather than a bacteriocidal agent.

The colon is not at all indispensable. It has been shown many times that it can be removed in its entirety, and after a short period of time the ileum becomes adapted to the retention of fecal matter, and acts as a reservoir. A very interesting observation proved that the so-called mucous colitis is not a diseased entity of the colon. A patient's colon was removed, in an attempt to cure mucous colitis, and the patient continued to have mucous colitis with all of its symptoms as before the operation.

Although the mechanism of this important tubing has the power of absorption to a certain degree, the left colon was not intended for absorption. I may add that the left colon of today has been "educated" to perform the function of absorption. Considerable irritation, chemical, mechanical and pathological, is required to bring about the type of tonus necessary for the segments to initiate areas of stimulation with resultant contractures, not at all unlike auricular fibrillation of the heart.

Since the colon is a reservoir for effete, indigestible, and undigested food, and millions of bacteria, both pathogenic and non-pathogenic, nature has provided this structure with a glistening, paraffin-like covering in its ability to secrete mucous. This mucous not only protects this sensitive membrane from the scratching and irritation by the fecal mass, but, in a way, inhibits undue absorption.

Modern civilization has become addicted to daily purgative pills. This is due to widespread advertisements both to the doctor and laity, of the various and sundry spas, and the general use of aperient waters. It has also been aided by the change in habits and type of foods, the modern mode of living, and above all, the lack of time necessary for proper evacuation.

After the constant use of purgatives, over a long period of time, either chemically or mechanically, or by the routine use of roughage, such as bran, the patient soon irritates the colon to a point of definite spasm or fibrillation, not unlike that produced in the heart by digitalis,

or toxemia. The natural gastro-colic reflex is gone, and a condition develops termed by Hurst as a Dyschezia. This condition is an inability to evacuate the bowel content, even though the stool is in the rectum. This is one of the most common causes of the enema habit.

This constant irritation of the gastro-intestinal tract with artificial stimulants over a long period of time, causes the colon contents to be continually liquid. The colon is not prepared to be a reservoir for liquid materials. The mucosa becomes irritated, peristalsis occurs in the descending colon, which is entirely foreign to a normal descending colon. It then develops a capacity to absorb toxic materials now greater than that of a non-irritated colon. Abnormal changes in gas absorption occur. Non-pathogenic bacteria quite often become pathogenic. Toxins are being absorbed in overwhelming doses.

To be sure, the purgative habit must be continued, and a condition develops, properly described years ago, as intestinal "auto-intoxication." This toxic material, and its various and sundry poisons, must be carried by the lymph stream and portal system. Certainly the liver has plenty of work, besides taking care of the job it has not "bargained for." The detoxifying power of the liver is soon used up. There develops an hepatic insufficiency with interference with glycogen function of the liver. This constant assault with purgatives from above, and enemas and colonic irrigations from below, soon causes the colon to revolt.

A true "guerilla warfare" follows. The colon begins to pour off large quantities of mucous, in an attempt to protect its delicate lining from these noxious poisons. The pylorus goes into spasm, and the ileo-cecal valve becomes hypertonic, with resulting violent spasm of the recto-sigmoid. So, you see, the entire mechanism of the digestive tract is upset with resultant violent pains in the epigastrium, left or right flank, reverse peristalsis, with nausea and vomiting, and severe pain after the ingestion of food in an attempt to initiate the normal gastro-colic reflex.

The patient, not understanding this condition, seeking the advice of doctor or friend, probably of his own accord, is led to believe that certain foods are causing this condition, and in due time develops an idiosyncrasy to various foods. By the elimination of certain foods, such as milk, fruits and vegetables, etc., they are finally down to one or two foods, and soon develop a true vitamin deficiency. This manifests itself in loss

of weight, dyspepsia, violent headaches, nausea and vomiting, migraine, diarrhea, alkalosis, or acidosis.

They consult various advisors, get various opinions, and have innumerable surgical assaults to the abdomen, namely: appendectomy, cholecystectomy, ileostomy, gastro-enterostomy, and pexys. Ovaries and tubes are removed, various radical operations on the para-nasal structures are done, and ventriculograms are made. They follow numerous ideas and diets, and soon become somatic neurotics, and develop sitophobia (a morbid or insane dread of eating). These patients give up hope, become apprehensive and irritable, and the condition so commonly called hypochondriasis, or neurasthenia ensues. As Omar Khayam says, "He leaves, not knowing whence he came."

In due time most of them are convinced that they are disabled, physically, and probably financially. We are now dealing with a definite neurotic individual, who is apprehensive, wanting a quick cure for this syndrome which has taken months, or years to develop. His cathartic habit is as well developed as an addict to morphia. He states that if he does not have a cathartic he will die. Truly, a pitiful state of affairs. Certainly he cannot be cured in one day or one month. These patients soon become unable to work, their home surroundings are changing, and their mental depressions are at times marked to the degree of suicide. By this time the picture has changed; we not only have a neurosis, but a vitamin deficiency, avitaminosis with its various pathological complications.

It is an accepted fact that the patients who develop this syndrome come under the heading of constitutional inferiority, so far as the nerve mechanism of their gastro-intestinal tract is concerned. They belong to the triad of hayfever, eczema and migraine. A majority of them are allergic, and about 5 per cent of these patients, in my observation, show definite allergic reactions to foods. Urticaria is a frequent observation. Endocrine disturbances, hypo- and hyperthyroidism, occur in at least 10 per cent. Dysmenorrhea occurs in 20 per cent of the females. Impotency occurs in at least 5 per cent of the males. They are chronic sinus sufferers and have no power of immunity insofar as their sinuses are concerned. Vasomotor-rhinitis and pharyngitis are most common symptoms. Ureteral spasm, neuralgias, myalgias, and neuritis are common. One of the most common conditions is the unilateral headache (so-called migraine), which oc-

curs in the great majority of cases, and for which attempts at operation have been done on the paranasal sinuses, with discouraging effects to the patient.

So, you see, we are dealing with a condition that occurs in practically all types of people, especially the highly sensitive type, the emotional type, and those with a neurogenic background. In other words, the hyperaesthetic individual; the musician, artist, student, professional man and woman, and those who come from families of hayfever, migraine and allergy. The negro is peculiarly immune, but it has been my observation in other races that it is as common in one as the other. Women are affected more often than men. The condition occurs in every age, children as young as 8 to 10 years, and adults as old as 70.

For clinical purposes we divided the irritable colon into three types: First, the mild type; second, the moderately severe type, and third, the severe type.

The mild type.—This type has various specialists treating various portions of the body, is addicted to enemas and purgatives, has periodic headaches, takes barbitals at night to sleep, carries along fairly well, gaining and losing weight, is a frequent visitor to the various spas, springs and dietetic institutions, uses various dietetic foods; in fact, makes a life study of foods, is a constant observer of stools, becoming "hipped" on this subject. This is the type that makes up the bulk of the clientele in the various general clinics.

The common symptom is constipation, stools are unsatisfactory to the patient, infrequent and difficult to evacuate, small in caliber, sometimes flat in contour and other times resembling sheep dung stools. The common statement is that the cathartics have failed to give relief, and so the patient comes to the physician.

He has abdominal consciousness and burning of the abdomen, gaseous distention, various and sundry irregular pains. He has become retrospective, analytic, and his entire interest centers on his abdomen. Again, abdominal distress occurs with pain up to the point of acute paroxysms, and a dull aching of the abdomen, generalized, or localized in the region of the pylorus, and quite often referred to the left shoulder as in gall bladder disease. The epigastric distress is quite similar to the distress of peptic ulcer, but it does not occur at definite periods, neither is the pain over finger point area. It is variable in its appearance, and may occur after some



meals, and not after others; after some foods, but not after others; on some days and not on others. It is not periodic, and never does it awaken a patient at night.

Pain in the ileocecal region occurs in over 70 per cent of my patients, although statistics of other men are different. Jordon and Keifer report that 25 per cent of their patients with irritable colon had their appendices removed. Eggleston states that 22 per cent of his patients had their appendices removed. There are, undoubtedly, instances where differential diagnosis between appendicitis, and disorders of the colon are difficult, and even after observation a laparotomy may be justified. But, as Bettman says, "Where appendectomy is performed on the patient when diagnosis is based on nothing more than indigestion, and a poke in the right iliac region, it is no wonder that the series is so high."

The diagnosis of irritable colon of the mild type is made by history, complete physical, and thorough proctoscopic and sigmoidoscopic examinations, with most careful study of the stools. X-ray examination is very important, and must be complete of the entire gastro-intestinal tract with a barium enema. X-ray examination reveals either a general spasticity of the entire colon or of segmented portions of it. Usually the distal colon is involved, and in some cases the haustral markings are lost, and the colon presents a "shoe-string" appearance. Delayed emptying time of the colon is common with incontinence of the ileo-cecal valve, and the cecum may be dilated with associated pylorospasm.

On physical examination we find the colon tender and hard, and if the patient is thin, contractions in the colon are easily felt. Examinations of the stools show them diminished in caliber, covered with mucous and in this type frequent examinations of the stools will find them negative for infestation.

Just here, let me state that I think one of the most valuable instruments we have in our diagnostic armamentarium is the protoscope, and still it is rarely used except by surgeons who are especially interested in diseases of the rectum. In my opinion, every physician and practitioner should familiarize himself with the proctoscope. It is not expensive and with a little practice it can be used in the bowel with perfect safety without the use of anesthetic, and without any considerable degree of discomfort on the part of the patient. I think that it is no more justifiable to treat the colon for its various diseases without inspecting the membranes of the colon that

it would be to treat a sore throat without looking into the throat.

Second—the moderately severe type. Here, the patient has all symptoms of an irritated colon in an aggravated form, flatulence and gaseous distress with absorption of absorbable gases. We must not forget that gases are normally liberated in the colon. These gases include carbon dioxide, hydrogen, nitrogen, methane, and hydrogen sulphide. Nitrogen, hydrogen, and hydrogen sulphide are passed through the rectum daily, while large amounts are absorbed into the blood and so eliminated from the respiratory tract.

In normal metabolism, a person is little distressed by the passage of gases with increased formation of gas. When excretion is impaired, the patient experiences abdominal consciousness and later abdominal distress. A spastic colon interefres with elimination of gas in two ways. First, by spasticity, it diminishes the lumen of the gut and so reduces the amount of available absorbent surface for the gases. Second, a spastic colon produces stasis, and retained fecal masses occupying space within the lumen of the gut further diminishes the available surface for absorption of gases.

At this stage the patient begins to lose weight, is apprehensive, nauseated, vomits an occasional meal, develops a profound insomnia, mental depression and psychoneurosis. Quite frequently at this stage there are bladder symptoms with ureterospasm, retention of urine, paroxysmal tachycardia, precordial pain, quite similar to angina, with usually an irregular temperature. A symptom complex of neuro-circulatory asthenia with sweating palms, tachycardia, tremor, hot and cold flashes, vertigo, spots before the eyes and tinnitus aurium are present. Attacks of abdominal distress soon occur more often, the patient refuses to eat, or develops Osler's symptom complex, anorexia nervosa.

In this stage erythematoses are common, also eczema and various and sundry skin lesions. The patient takes on a sallow color or dusky hue. The picture at this stage can resemble various and sundry diseases as pellagra, pernicious anemia, carcinoma, sprue, miliary tuberculosis, or what not.

Third—the severe type. This type is the hospital type. The patient is usually brought in with acidosis or alkalosis, marked dehydration and evidence of avitaminosis. The skin is dry and exudative. The eyes are sunken. Tongue red. He is unable to take nourishment, neces-

sitating feeding by Levin tube, hyperdermoclysis and drastic stimulation.

The patient may have hyperemesis or diarrhea in the extreme, and convulsions are not at all uncommon. At this stage pyrexia is the rule and not the exception, and it is here that we get the so-called gut leukocytosis where the leukocyte count may run from thirty to forty thousand. Suppression of urine occurs and only the most drastic procedures can save the patient's life, such as blood transfusions and intravenous use of glucose, or the use of hypertonic solutions of sodium chloride where alkalosis exists.

Not infrequently the patient falls into the hands of the surgeon between the second and third stage, or during the third stage. This is truly hazardous to the patient, unless the surgeon is quite familiar with this condition and can diagnose it. He has an even break with surgery during the first stage for at this time his resistance is not low, and he can probably withstand the various assaults or insults to his abdomen.

In the third stage he is a very bad risk for the surgeon. Truly a hair-splitting diagnosis is demanded when a patient is brought to the hospital in an ambulance with a history of acute onset of pain, nausea and vomiting, board-like fixation of the abdomen, plus leukocytosis and fever. But, with a previous history of spastic colon and passage of large quantities of mucous in stools, careful examination of such a patient will reveal that fixation is not constant, that pressure on the abdomen relieves the pain rather than aggravates it, that the abdomen is not silent, as one gets with perforated viscus. That is, the gases in the abdomen are carried through the tubing normally, which is not found in perforation where the abdomen is silent. The peritoneal reflex does not cause pain, and a close study of the blood will show a relative eosinophilia and large doses of atropine will relax the patient.

### TREATMENT

In considering the treatment of irritable colon, the following points must be considered:

The patient has been in a state of hyperexcitability and is unable to relax. This is a state of hypertonicity of the colon that can be initiated within the lumen of the colon, from elsewhere in the body or from emotions. Because of the large number of patients affected with this condition, many treatments have been inaugurated. Although in the first and second

stage this malady is not dangerous to life, it is responsible for much misery and invalidism. In a majority of the cases the response to treatment is gratifying. The therapeutic efforts should be directed to the particular individual, and not to the syndrome of irritable colon.

A most thorough history and complete physical examination, including a most thorough gastro-intestinal series, and study of the colon by barium enema is necessary. An essentially negative examination outside of irritable colon carries great value and therapeutics. It is the foundation for the intelligent co-operation of the patient. His confidence is restored, due to his insight into the true basis of his condition.

The next important step is the diet. The diet should be individual. The types that are constipated, with the passage of large quantities of mucous, should receive a bland, smooth, diet, which is high in vitamins, has a minimum amount of roughage, and a very little cellulose or organic acids. The first vegetables and fruits should be pureed. If the patient can tolerate milk, it should be given, and the various milk preparations, pureed fruits, pot liquor, cocoa, cottage cheese, sherbet, rice, farina, mashed potatoes, custard, and jell-o in feedings every two hours. In the mild cases small amounts of roughage, cooked vegetables, cooked fruits, carrots, asparagus tips, butter, peas, baked apple, canned peaches and pears are then added. Uncooked fruit and vegetables may be added about the third or fourth week, and the bulk of the diet at this time should be meat, chicken, fish, eggs, junket, cooked cereals, cottage cheese, fruit juices, malt, cod-liver oil and yeast. Sugar should be given very guardedly and throughout the treatment the patient should abstain from condiments, alcohol, fermented foods, shell fish, sausage and pork.

It is necessary at all times to continue on a high vitamin diet.

### MEDICATION

The sedatives and antispasmodics play an important role in the treatment. Atropine and belladonna are the most important antispasmodics. Belladonna is most commonly used for relief of intestinal spasm. Most patients tolerate it very well, and can take it over a long period of time. Start with 5 minims three times a day, and increase to as high as 30 minims three times a day until physiological action is obtained. Then the drug can be discontinued for a while and later given at various irregular intervals.



For the past eight months a most satisfactory substitute for atropine has been found in a new preparation called novatropine. It is a non-toxic form of atropine with all of its therapeutic qualities and practically none of its drawbacks. Chemically, novatropine is methylhomatropinebromide. Its effect as an antispasmodic is comparable to that of atropine and 8 to 10 times as potent as homatropine. It is less than one-thirtieth as toxic as atropine, making it a most ideal drug for the treatment for irritable colon. The dose is 1/24 of a grain, two or three times a day before meals.

Of the sedatives, bromides and the barbitals are the most common. Sedatives should be given in conjunction with belladonna on account of the initial stimulating action of belladonna on the nervous system. The sedatives relax the patient, and have a hypnotic effect on the central nervous system. Local applications of diathermy give considerable relief. The local application of heat to the abdomen in the form of hydrotherapy has a distinct place in the treatment of these cases. Warm baths and mild massage, but the avoidance of undue abdominal stimulation are important. Colonic irrigations with large quantities of fluid are mentioned only to be condemned.

If, after thorough observation, the spasm is limited to the distal colon, especially in the region of the recto-sigmoid, a method first advocated by Soper is especially indicated. The proctoscope is carefully passed very slowly beyond the spasm, leaving the scope in for ten to fifteen minutes, and in this way dilating the spasmotic area and exhausting the recto-sigmoid. A colon tube is then passed through the tunnel of the scope, and the scope is withdrawn, and 60 ccs. of a 30 per cent solution of magnesium sulphate is poured into the colon by means of a funnel. The patient continues in knee-chest position for ten more minutes, and 200 ccs. of equal parts of Wesson Oil and warm castor oil is poured through the funnel. The patient is instructed to retain this as long as possible.

The magnesium sulphate causes relaxation of the sphincter, the Wesson Oil is for lubrication, and the castor oil combined with the sodium salts produce a sodium ricinolate, which is an antiseptic and will play a part in the combating of secondary infections which quite often occur. This treatment is repeated every three or four days for about two weeks, and then once a week for two months. In the meantime the patient is allowed occasional salt water enemas, or an

olive oil enema twice a week. Plain mineral oil at night is beneficial. In the cases where there are frequent loose stools, calcium gluconate, bismuth subcarbonate and dihydronal are of benefit. Charcoal is given for gas distention and dyspepsia. We have found that the giving of castor oil once every ten days, or two weeks, has been very beneficial in the cases who have loose stools containing a large quantity of mucus.

Throughout the treatment the physician must attempt psychotherapy and re-education of the patient. His habits should be studied and his environmental conditions should be investigated. The physician should gain the confidence of the patient, and when it is won, suggestion can be used to change the patient's attitude toward life and to withdraw his attention from his bodily functions. This cannot be done with one sitting, but with various sittings. He must be made to understand that he has no serious organic disease, and that his condition is only functional, and the cure can only be accomplished by his own efforts, and co-operation.

In conclusion, (1) Irritable colon is a functional disturbance of the colon.

(2) It occurs more often in women than in men, especially the neurotic type.

(3) It is not a disease entity.

(4) It is not an inflammatory condition of the colon.

(5) It occurs in highly sensitized individuals.

(6) It is a functional condition which in time may produce grave symptomatology.

(7) This condition in general cannot be treated by drugs, prolonged irrigations, various and sundry treatments. The only drug of absolute value is belladonna.

(8) Dysfunction calls forth a physician as a therapist, psychoanalyst and psychotherapist.

(9) Diet plays an important part in the cause and treatment.

(10) Definite and absolute factors that tend to accentuate this condition should be removed.

1108 Madison Avenue.

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#### PANEL SYSTEM IN ENGLAND

"Doctors who participate in the panel system in England are paid \$2.25 a year for each insured person on their list, and for that sum make as many sick calls as are required during the year. The average number of insured persons on a physician's list is about 1,000."—N. Y. State J. M.

## CHIASMAL SYNDROME REPORT OF CASES. \*

ALBERT H. MANN, M. D., Texarkana

Advances made in neurological diagnosis in the past few years have brought to our attention a small group of cases in which symptoms have been caused by a suprasellar lesion. These have been described by Cushing as the Chiasmal Syndrome. They gain their importance, not from their frequency, but from the serious effects on vision and life, the avoidance of which demands prompt recognition. Naturally the ophthalmologist is the first to be consulted, and as a rule a diagnosis of retrobulbar neuritis is made, until with the persistence of symptoms a neurological consultation is sought and the true nature of the condition becomes apparent.

Briefly stated the syndrome consists of primary optic atrophy and bitemporal field defects with an essentially normal sella. It may be produced by a variety of pathological changes in the region of the chiasm. The lesions that have been found responsible are:

1. **Meningiomas**, having their origin over the chiasmal sulcus and tuberculum sellae. These are the most frequent and the most favorable for operation. They generally occur in adults. Calcification is rare.

2. **Pituitary Adenomas**, these, without deformity of the sella are rare.

3. **Congenital Tumors**, these arise from the cranio-pharyngeal pouch. Symptoms may occur at any age. Calcification is generally present. The prognosis is poor.

4. **Gliomas**, arising from the optic chiasm or third ventricle. These may spread forward as far as the retinal end of the optic nerve. This is often found associated with von Recklinghausen's disease, and is generally seen in children.

5. **Chronic Local Arachnoiditis**.

6. **Syphilitic Meningitis**.

7. **Aneurysm**.

The following cases were seen during the past year and illustrate the diagnostic and therapeutic difficulties encountered:

**Case 1.** W. J., aged fifteen, was first seen April 12, 1933, complaining of blurring vision in the left eye for as long as he could remember and occasional attacks

of blurring of vision in the right eye. Frontal headaches have frequently been present for the past two years. Nystagmus has been present for two months. Left optic atrophy was discovered six to eight years ago. In 1926 there was a cardiac disturbance which was followed by a long period of rest.

The ride in the elevator coming to the office excited an attack of nausea, vomiting and unsteadiness of gait although he could walk without assistance. Vertical nystagmus with a rotatory component was present. The left pupil was larger than the right. Both reacted to light. Vision in the right eye was 20/24 and in the left eye was light perception. There was a primary optic atrophy of the left eye and a temporal pallor of the right. The right eye showed a temporal hemianopsia. X-Ray examination showed a normal size sella. There was apparently an undermining of the anterior clinoids. Blood Wassermann was two plus. The impression was that we were dealing with a pituitary tumor or one in that region and he was referred to a neuro-surgeon.

Doctor M. M. Peet of Ann Arbor was consulted and operated. His findings are as follows: "At operation the tumor was found to arise from the left optic nerve. The tumor involved the entire left optic nerve forward to about one and one-half or two mm. from the optic foramen. From this point backwards it rapidly enlarged, reaching a size about equal to my two thumbs. It was grayish in color, and had a thin capsule. The tumor extended forward on to the bone in the midline and laterally along the cribriform plate. It completely replaced the chiasm, but grossly did not infiltrate the right optic nerve, which was displaced to the right. The nerve was divided close to the optic foramen and a large lobe of the tumor passing anteriorly was removed in one piece. That over the sella turcica was removed in numerous pieces. The chiasm was divided close to the right optic nerve. The tumor extended on to the floor of the third ventricle, and it was impossible to say whether we had removed all of it or not. Both third nerves were seen during the operation. The left one had been stretched laterally, and the right one was displaced." Death occurred the following day. Autopsy showed that the tumor had infiltrated the optic tract, and from there had extended across involving the entire floor of the third ventricle back to the mammillary bodies. An interesting finding was an acute perforation at the lower end of the esophagus with stomach contents in the left pleural cavity. An acute peptic ulcer of the stomach was also found.

**Case 2.** M. P., aged fifteen, was seen September 20, 1933, complaining of sudden loss of vision first noticed about two weeks ago when he found he could not recognize the figures on playing cards. He had been examined on several occasions for visual disturbances, first eight years ago. At no time was his vision found to be defective. Two years ago he received muscle exercises. He had been receiving pituitary medication for some months.

The patient was a somewhat obese boy. He was bright and cheerful. Vision in the right eye was 4/200 and in the left eye 20/100. He stated that he could see only the right half of the chart with his right eye. The right pupil was larger than the left. Both reacted to light. Vision was not improved with glasses. The fundi were normal. The sella showed no abnormality on X-ray examination. General physical examination was negative, except for obesity. Visual field determination September twenty-first showed a slight temporal contraction of the

\* Read before the Fifty-ninth annual session of the Arkansas Medical Society held in Little Rock, April 16-18, 1934.



field of both eyes. The campimeter studies revealed a nasal hemianopsia of the right eye which involved the point of fixation with a defect of the nasal portion of the outer lower quadrant of the field. There was an enlargement of the blind spot of the right eye. Consultation was advised because of the possibility of tumor, but it was decided to treat him for a time to see if improvement would not occur. He was consequently treated as a case of retrobulbar neuritis. Later field studies showed a central scotoma of the right eye with an enlargement of the blind spot of the left eye. A slight papillitis developed in the left eye and he was referred to Doctor Myer Weiner who found a bitemporal hemianopsia. He was seen by Doctor Sachs who made the diagnosis of Frohlich's syndrome in the presence of a suprasellar tumor. Operation on October twenty-eighth revealed a large adenoma of the pituitary situated above the sella. No attempt to remove the tumor was made. Death occurred the following day.

As previously stated most of these cases have heretofore been diagnosed as retrobulbar neuritis and in all cases where this diagnosis is made the possibility of a localized lesion of the visual pathways should be kept in mind.

The first case presented the rather unusual complication of acute perforation of the upper gastro-intestinal tract. Cushing in his series of something over two thousand cases has had three examples of this, and an additional eight cases of a more chronic lesion. These are given as examples supporting the neurogenic theory of peptic ulcer.

The second case is interesting from the diagnostic point of view.

### DISCUSSION

PAT MURPHEY, Little Rock: Dr. Mann asked me to discuss his paper, and I was very glad to do it, because I am interested in the subject that he is talking about. Fortunately, I happen to have a couple of cases at this time whom I have asked to come here, so as to make the lesions that he is describing a little bit plainer. In the first place, these lesions are neurological, and sooner or later those patients fall into the hands of the nerve specialists and neurological surgeons. The majority of them first go to see the eye specialist because they all complain of disturbances in seeing, associated with a headache. The headache is usually bi-temporal.

The little girl, you see here, came to see me last Saturday. She is thirteen years old. She can not see anything out of the left eye, except that she can tell light from darkness. She has headaches across the forehead and in the temporal regions. There is an inequality of the patellar reflexes. The Wasserman and laboratory findings are entirely negative. Physically, she is not sick. X-Ray pictures of the skull show no bony changes. If there is any difference in the eye-ground findings from the normal condition, it seems to be a beginning of pallor in the optic disks. I think we are dealing with just such a lesion as the doctor describes but in the earlier stages. I have told her mother that in all probability in a short time that it would be necessary to operate on this little patient for I think we are dealing with a supra-sellar lesion.

The second case, this young man came to the hospital about two months ago complaining of a head ache. He had a mental condition in which he was confused and could not see good. He complained of severe headaches. On examination, it was found that he could not see out of his left eye, except on the nasal side. He had changes in his reflexes. X-Ray pictures of the boy's skull showed bony changes in the region of the sellar turcica. Air was injected into the posterior horn of the lateral ventricle on the right side, and further X-Ray pictures demonstrated that we were dealing with a tumor in the region of the pituitary body.

When you get a tumor of this kind, there is but one treatment and that is to attack it directly. So on March 4th, this boy was operated on. The usual frontal flap was made. A big cyst was found and was drained. This boy has improved and is now better mentally and neurologically than before operation. He can see little better, but he tells me that a few days ago for about an hour or a little longer, he could see a great deal better out of this eye than he could before he was operated. This case shows the changes and findings in rather an advanced case. I believe that this boy will still get better.

I will watch the little girl longer before surgery is undertaken.

Dr. Mann has covered the field thoroughly, and has given you the eye findings in such lesions, and these two cases bring out the symptoms that Dr. Mann has mentioned in his paper.

L. H. LANIER, Texarkana: This is an interesting subject. The cases reported are interesting. Sometimes I think all patients with intracranial pressure should be immediately referred to a pathologist, and he should consult an internist, roentgenologist, and neurologist.

Visual disturbances resulting from affections of the chiasm are mostly due to acromegaly, tumor of the pituitary body, tubercle and syphilitic gumma. Temporal hemianopsia, as one of the signs of chiasmal involvement, may be found to result from trauma, tumors, tuberculous exudations or granulations, aneurysms, pressure from the third ventricle, periostitis, partial meningitis, basilar gummatous meningitis and syphilitic disease of the chiasm, gummatous arteritis, hemorrhages into the chiasm, multiple sclerosis and the hyperplasia of elephantiasis.

Compression of tumor on the chiasm, tracts and optic nerves vary the visual field defects constantly.

It is not to be forgotten that in basilar cerebral syphilis remarkable fluctuations of the field may also occur; in fact, almost any field changes may present themselves. For example, complete blindness, changing during restoration into temporal hemianopsia, nasal limitation, irregular field defects, all of which arise from tract involvement, as well as from chiasmal disease.

Sell has collected more than 60 cases of pressure on the chiasm from tumor exudations and granulations with no visual changes manifest.

Of course, glasses, mydriatics, muscle imbalance and the loss of one eye, all influence the field of vision as well as the time in the course of the disease.

Lesions of the chiasm can only be located when the field changes are considered in connection with concurrent symptoms.

Many field changes exist which may be easily accounted for by evident intraocular disease, as pigmentary retinitis, disseminated choroiditis, retinal detachment, etc. These field changes may be monocular or binocular, and

in the case of retinal detachment, may assume forms not unlike altitudinal hemianopsia.

Many cases of brain tumor do not come to attention until the taking of an accurate field has become a very difficult or quite impossible matter. As is well known, the generally present choked disc has no value in localization in these cases, nor is it even an index to designate the degree of involvement of the brain tissue. In a certain percentage of cases of brain tumor, seen early, no changes in the optic nerve are to be found.

Functional nerve diseases, neurasthenia, hysteria, tobacco and alcohol, sinus involvement and various systemic diseases may markedly influence the visual field.

The essayist has waded far out into the open sea. I admire his courage but, like the sea, the problem of localization and the causes of intra-cranial pressure shall remain to plague and confuse us.

DR. MANN, in response: I just want to thank Dr. Murphey for presenting these cases. He certainly got better results than I did in my cases. I also want to thank Dr. Lanier for his discussion.

## CORRESPONDENCE

Dr. W. R. Brooksher,  
First National Bank Bldg.,  
Fort Smith, Ark.

Dear Doctor Brooksher:

It is the hope of the Cancer Control Committee of the Arkansas Medical Society to put on an extensive cancer control program this year. Will you please call to the attention of the county societies the following program which we hope they will follow. I have already written the councilors of each district outlining the program.

First, the General Federation of Womens Clubs has adopted for this year a cancer educational program. This was brought to my attention by the American Society for the Control of Cancer. It is the idea of the committee acting through the councilor of each district for each society to appoint a cancer control chairman and to have at least one educational program on cancer as soon as possible, and to get in touch with the president of the Federation of Womens Clubs of their locality and offer their co-operation in putting on a program.

I have in my office several film strips on cancer control, such as "Fighting Cancer With Knowledge," etc., and also another film on cancer of the breast, to be shown to the medical profession. These strips I would be glad to send to any society and also a projector for showing them. The educational film can be shown to any lay group. Of course the local program, whether they have cancer clinics or not, will be left entirely with the local society.

The Cancer Committee will be glad to obtain from the American Society for the Control of Cancer any literature to be distributed.

Very truly yours,

D. W. GOLDSTEIN, Chairman,  
Cancer Control Committee,  
Arkansas Medical Society.

## RESOLUTION BY BOWIE-MILLER COUNTY MEDICAL SOCIETIES

Whereas, the medical profession has always, does now, and will continue to protect and promote public health by safeguarding, advancing, and administering modern scientific medicine; and

Whereas, the medical profession desires the safest and best relationship between the patient and physician to the end that all forms of unsafe and objectionable socialized medicine may be abolished or defeated; and

Whereas, there is a growing tendency on the part of certain foundations, organized charities, governments, municipal, state and federal, to hospitalize and treat the sick; and

Whereas, certain organizations have far-reaching campaigns that all school children be tested, immunized, and examined free, regardless of the ability to pay for this service; and

Whereas, scientific medicine cannot be administered en masse with accuracy and safety to the patients;

Therefore be it Resolved: (1) That we condemn the idea of governmental or lay agencies engaging in the practice of medicine except where necessity demands same, such as the army, navy, et cetera;

(2) That we condemn all forms of socialized medicine as unsound for the patient and harmful to the advancement of scientific medicine;

(3) That we condemn the free examination of school children en masse, made in school buildings, as unreliable, unsafe for the child, and unsound in principle and practice.

(4) That we believe for the welfare and health of children, all examinations should be made in the office of the family physician, and we offer this as the most sane and sound policy.

(5) That we pledge ourselves individually and as an organization to make such examinations and to institute such measures of prevention against disease as are practical and acceptable to the parents, for reasonable fees, or under such terms as may be feasible or agreeable to the parents. We further pledge ourselves to see that no section of the public shall be neglected because of inability to pay.

(6) We further pledge ourselves to take no part in wholesale, unscientific, unsafe, free examinations, or wholesale preventive measures applied without previous individual study of children to determine the safety of such measures.

## HOSPITALIZATION OF THE MENTALLY ILL

Members of the House of Delegates and others have been solicited by Dr. John M. Grimes to purchase a book that he has printed purporting to contain the results of the study recently made by the Council on Medical Education and Hospitals of the hospitalization of the mentally ill in the United States. Such individual use of the Council's material is, of course, wholly unauthorized. A report prepared by Dr. Grimes when he was employed by the Association was not published because in the opinion of the Council and an advisory committee of psychiatrists and neurologists his conclusions were not supported by the evidence presented. Two partial reports that have already been published will be supplemented when further studies have been completed.

—J. A. M. A., Nov. 10, 1934.



# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules  
of the Council on Pharmacy and Chemistry of the American  
Medical Association.

All communications to this Journal must be made to it exclu-  
sively. Communications and items of general interest to the pro-  
fession are invited from all over the State. Notice of deaths,  
removals from the State, changes of location, etc., are requested.

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**Scientific Exhibit**—F. H. Krock, Chairman, Fort Smith (1935); H. King Wade, Hot Springs National Park (1936); W. E. Gray, Jr., Little Rock (1937).

**Arrangements**—(Host Society 1935 meeting)—D. W. Goldstein, Chairman, C. S. Holt, J. A. Foltz, H. Moulton, M. E. Foster, W. G. Eberle, I. F. Jones.

**Necrology**—W. H. Mock, Chairman, Prairie Grove (1935); J. M. Lemons, Pine Bluff (1936); H. Moulton, Fort Smith (1937).

**Auxiliary**—L. J. Kosminsky, Chairman, Texarkana (1935); W. T. Wootton, Hot Springs National Park (1936); C. S. Holt, Fort Smith (1937).

**Cancer Control**—D. W. Goldstein, Chairman, Fort Smith (1937); R. L. Saxon, Little Rock (1936); L. A. Purifoy, El Dorado (1935).

### THE COUNTY SOCIETY

We have often referred to the fact that the county society, after all, is the backbone of organized medicine. No matter how many other medical organizations there may be in a county, if the county society is not functioning there will be a corresponding degree of lack of interest in the other organizations.—The Journal of the Indiana State Medical Association.

## EDITORIAL

### MEDICAL ECONOMICS

I. F. JONES, M. D.

Chairman, Committee on Medical Economics

Medical Economics, as such, was not taught nor hardly thought of until the past few years. However, today, it looms as a high light in our forward march toward the goal of Utopia.

As the chain store brought about improved conditions among the independents, so I hope the talk of "state medicine" and "contract practice in medicine" will cause us to be ever on the alert for improvement.

It is a fantastic idea for us to think that some change is not impending. This idea, its conditions and fulfillment, should be brought about by the men in the profession and not by laymen. No layman has a proper conception of the trials, troubles and tribulations that confront the diagnosis and treatment of human ills.

If organized medicine stands back and allows the politician and philanthropist to formulate some act concerning our profession then we may realize that we will only be puppets in the hands of their henchmen.

There is to be introduced in this Congress a bill by the American Association for Social Security that could more accurately be designated, "A bill for the abolition of private medical practice." As this bill stands, there is no likelihood of its passage, but it is so diabolical that even a revision would still be worse than the panel system in Germany, admittedly the worst yet.

We must not only stand up and take note of the aggressiveness of our enemies, but must ever be on the alert to give the best in medical treatment and hospitalization so that any such bill or act will fall of its own weight. Only through systematic study, work and co-operation of each individual physician with the County and State Medical Society will this be possible. So I urge each and every component society to meet, discuss, and formulate plans to aid your state committee in their work against this national evil.

### IN CONGRESS

Certain bills and resolutions have been introduced in the national Congress vitally affecting the practice of medicine. Members, particularly legislative committees, are urged to secure copies of these bills in order that they may be more fully advised as to action to be taken by their county societies. These are doubtless preliminary to many more of similar import and it

is important that organized medicine inform itself of such proposed legislation in time to register an emphatic protest against unjust measures. Space does not permit comment by The Journal on the provisions of the bills introduced to date nor of their unfavorable features. It is hoped that all members will closely follow legislative proceedings this year, uniting in opposition to such as are contrary to the ideals and ethics of organized medicine. Introduced the first two days of the 74th Congress were:

H. R. 43, introduced by Rudd of New York: "Granting hospital treatment to postal employees suffering from tuberculosis, nervous diseases, or kindred occupational ailments in government-owned hospitals."

H. R. 1900, introduced by Bland of Virginia: "Authorizing hospitalization for retired or disabled seamen."

H. R. 2859, introduced by Sabath, of Illinois: "To provide for the establishment of unemployment and social insurance, and for other purposes."

H. R. 2902, introduced by Welch of California: "To extend the benefits of the United States Public Health Service to fishermen, trapmen, net tenders, and other persons subject to the laws relating to American seamen."

S. R. 28, introduced by Black of Alabama: "Resolved, that the Committee on Education and Labor of the Senate is hereby directed and instructed, either acting through the full committee or through a duly appointed sub-committee, as soon as practicable, to make a full and complete investigation in order to determine the best and most effective kind of Federal legislation to provide a system of health insurance throughout the entire United States, and to report to the Senate as early as practicable the recommendations outlining the kind of legislation it is believed will most effectively accomplish this purpose."

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### SOCIALIZED MEDICINE

The December 1934 issue of Survey-Graphic, entitled "Buying Health," presents expressions of the policies of several organizations on so-called socialization of medicine. These are in the main not new statements, but a reading of this issue will be of profit to every physician from the broadening of his viewpoint to include the opinions of other groups.

Of particular interest are the rather caustic comments of Wm. T. Foster, an economist, who challenges organized medicine's right to control the manner of distribution and costs of medical care. It seems but natural in these days of needed economic rehabilitation to view with doubts the pronouncements of our leaders of a few years ago in the field of economics. This authority asserts that adequate medical care is not available to the masses of our people and that there are thousands of physicians harassed by debt and general financial insecurity. These assertions we

accept as truths. But is medical care the only service or commodity not generally available? Are physicians the only class harassed by debts and general financial insecurity? One pauses to wonder if any of the citizens of this nation do not feel the pangs of hunger? Are there respectable citizens whose self-esteem could not be elevated by the acquisition of a much-needed new suit of clothes? The answer to these questions is at hand in our daily travels. Yet we hear of no organized movement to provide these commodities by a similar Utopian plan. Without benefit of statistics, we hazard the assumption that the proportion of the hungry and ragged among our people today far exceeds those who are in comparative need of medical attention. Social workers of our acquaintance assure us that lack of financial sustenance is of far greater moment to the unemployed and lower income groups today than is the need for improvement in medical care now available.

The fact that many people need but can not obtain adequate medical service is not to be denied. It is peculiarly the duty of the medical profession to correct this defect in our present system. However, we do not hold that such correction can more efficiently ensue from the edicts of a political government. Consideration of the condition of our school systems and our governmental activities in general constitutes a poor recommendation for an extension of governmental activity into the field of health control.

The Journal again reiterates its position that individual physicians must become fully informed of the various economic and social suggestions for a change in medical practice. It is not enough for your officers and your committee on medical economics to interest themselves in these problems. Every member of the profession is vitally concerned; it is his duty to study all proposals to better inform himself and his clientele of their defects or possible benefits. The periodical quoted is recommended as a beginning in this study. The Journal's copy may be obtained on loan if not otherwise available to our members.

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### EDITORIAL COMMENT

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The 1935 Plan of Procedure for the Summer Round-up of Children, a pamphlet descriptive of this health activity of the National Congress of Parents and Teachers, has been received by The Journal. In reviewing the booklet, we are encouraged by certain statements which appear

(Continued on Page 159)



# CONSTITUTION AND BY-LAWS

## OF THE

# ARKANSAS MEDICAL SOCIETY

### 1934\*

## CONSTITUTION

### ARTICLE I.—NAME OF THE SOCIETY

The name and title of this organization shall be the Arkansas Medical Society.

### ARTICLE II.—PURPOSES OF THE SOCIETY

The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Arkansas and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

### ARTICLE III.—COMPONENT SOCIETIES

Component Societies shall consist of those county medical societies which hold charters from this Society.

### ARTICLE IV.—COMPOSITION OF THE SOCIETY

SECTION 1. This Society shall consist of members, delegates and guests.

SEC. 2. MEMBERS. The members of this Society shall be the members of the component county medical societies.

SEC. 3. DELEGATES. Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Society.

SEC. 4. GUESTS. Any distinguished physician not a resident of this State, who is a member of his own State Society, may become a guest during any Annual Session on invitation of the officers of this Society, and shall be accorded the privilege of participating in all of the scientific work for that Session.

### ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative body of the Society, and shall consist of: (1) Delegates elected by the component county societies; (2) The Councilors; and (3) *ex-officio*, the President, Secretary and Ex-Presidents of this Society; provided, however, that the Ex-Presidents shall not have the power of voting.

### ARTICLE VI.—COUNCIL

The Council shall consist of the Councilors, and the President and Secretary, *ex-officio*. Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Six Councilors shall constitute a quorum.

### ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organizations of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

### ARTICLE VII.—SESSIONS AND MEETINGS

SECTION 1. The Society shall hold an Annual Session, during which there shall be held daily general meetings, which shall be open to all registered members and guests.

SEC. 2. The place for holding each annual session shall be decided by the House of Delegates. After conferring with the President and Secretary of the society, the time for holding each annual meeting shall be decided by the Committee on Arrangements of the component society of the county in which the meeting is to be held.

### ARTICLE IX.—OFFICERS

SECTION 1. The officers of this Society shall be a President, President-Elect, three Vice-Presidents, a Secretary, a Treasurer and ten Councilors.

SEC. 2. The officers, except the Councilors, shall be elected annually. The terms of the Councilors shall be for two years, those first elected serving one and two years, as may be arranged, so that after the first year five Councilors shall be elected annually to serve two years. All these officers shall serve until their successors are elected and installed.

### ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship this Society is ready to arrange with other State Medical Societies for an interchange of certificates of membership, so that members moving from one state to another may avoid the formality of re-election.

### ARTICLE XI.—FUNDS AND EXPENSES

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of \$5.00 per capita per annum, except on four-fifths vote of the Delegates present. Funds may also be raised by voluntary contributions, from the Society's publications and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

### ARTICLE XII.—REFERENDUM

SECTION 1. A General Meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates and when so ordered the House of Delegates shall submit such questions to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

SEC. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding sec-

\* As amended at the Fifty-ninth Annual Session, April 16-18, 1934.

tion, and the result shall be binding on the House of Delegates.

#### ARTICLE XIII.—THE SEAL

The Society shall have a common seal, with power to break, change or renew the same at pleasure.

#### ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in a bulletin or Journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

### BY-LAWS

#### CHAPTER I.—MEMBERSHIP

SECTION 1. The name of a physician on the properly certified roster of members of a component society which has paid its annual assessment, shall be *prima facie* evidence of membership in this Society.

SEC. 2. Any person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of this Society, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

SEC. 3. Each member, each member chosen as a delegate, and each guest in attendance at an Annual Session of the Society shall register in such manner as may be provided by the Secretary, giving his name, address, and the component society of which he is a member. When his right to membership has been verified by reference to the roster of his society, he shall receive a badge which shall be evidence of his right to all the privileges of membership at that session. No member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this section.

SEC. 4. A physician who has been a continuous member for a term of fifteen years, who is not less than sixty-five years of age, who is an honorary member of his county society, may have his name carried on the roster of the State Society and receive its publication as an honorary member and the component society shall be exempt from payment of the annual assessment for his membership. An honorary member shall have the same privilege as other members.

#### CHAPTER II.—ANNUAL AND SPECIAL SESSIONS OF THE SOCIETY

SECTION 1. The Society shall hold an Annual Session at such time and place as has been fixed by the House of Delegates at the preceding Annual Session.

SEC. 2. Special Meetings of either the Society or of the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

#### CHAPTER III.—GENERAL MEETINGS

SECTION 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings and of the Sections. The General Meetings shall be presided over by the President or by one of the Vice-Presidents, and before them shall be

heard the address of the President and the orations, and such scientific papers and discussions as may be arranged for in the program.

SEC. 2. The General Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

#### CHAPTER IV.—HOUSE OF DELEGATES

SECTION 1. The House of Delegates shall meet on the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business; provided that its hours shall conflict as little as possible with the General Meetings. The order of business shall be arranged as a separate section of the program.

SEC. 2. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every twenty-five members, and one for each major fraction thereof, provided that its annual report and assessments are in the hands of the Secretary thirty days prior to the annual meeting. Each component society, however, regardless of its number of members, which has complied with this Section, is entitled to one delegate.

SEC. 3. A majority of the Delegates registered shall constitute a quorum.

SEC. 4. It shall, through its officers; council and otherwise, give diligent attention to and foster the scientific work and spirit of the Society, and shall constantly study and strive to make each Annual Session a stepping-stone to future ones of higher interest.

SEC. 5. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent on the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

SEC. 6. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the State who is reputable and eligible has been brought under medical society influence.

SEC. 7. It shall encourage post-graduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

SEC. 8. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 9. It shall divide the State into Councilor Districts, specifying what counties each district shall include, and, when the best interest of the Society and profession will be promoted thereby, organize in each, a district medical society, and all members of component county societies shall be members in such district society.

SEC. 10. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such



committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

SEC. 11. It shall approve all memorials and resolutions issued in the name of the Society before they shall become effective.

#### CHAPTER V.—ELECTION OF OFFICERS

SEC. 1. Immediately after adjournment of the first meeting of the House of Delegates at each Annual Session, the delegates from the component societies of each councilor district shall meet, the councilor acting as chairman, and select one delegate from each district to form a Committee on Nominations. This Committee shall consist of ten delegates, one from each councilor district. It shall meet and organize by selecting a chairman and secretary. It shall be the duty of this committee to consult with the members of the Society and to hold one or more meetings at which the best interest of the Society and of the profession of the State for the ensuing year shall be carefully considered. The committee shall report the result of its deliberations to the House of Delegates in the shape of a ticket containing the names of the three members for the office of President-Elect and of one member for each of the other offices to be filled at that Annual Session. No two candidates for President-Elect shall be named from the same county.

SEC. 2. All elections shall be by ballot, except where there is only one candidate, when election may be made by acclamation, and a majority of the votes cast shall be necessary to elect.

SEC. 3. The report of the Nominating Committee shall be the first order of business of the House of Delegates on the afternoon of the last day of the Annual Session.

SEC. 4. The election of officers shall be the second order of business of the House of Delegates on the afternoon of the last day of the Annual Session.

SEC. 5. Any person known to have solicited votes for or sought any office within the gift of this Society shall be ineligible for any office for two years. No member shall be eligible to any office of this Society who is not in attendance at the meeting at which the election is held.

#### CHAPTER VI.—DUTIES OF OFFICERS

SECTION 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and shall perform such duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and, as far as practicable, shall visit, by appointment, the various sections of the State and assist the Councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2. The President-Elect shall be a member *ex-officio* of the Council and the House of Delegates without the power of voting. It shall be his duty to assist the President in visiting the component county and the district societies, and to familiarize himself with, and prepare himself for, the performance of his duties when he shall have succeeded to the presidency of the Society.

SEC. 3. The Vice-President shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

SEC. 4. The Treasurer shall give bond in the sum of \$6,000. He shall demand and receive all funds due the Society, together with bequests and donations. He shall pay money out of the Treasury only on a written order of the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

SEC. 5. The Secretary shall give bond in the sum of \$3,000; he shall attend the general meetings of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be *ex-officio* Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the Annual Session. He shall, with the co-operation of the secretaries of the component societies, keep a register of all the legal practitioners in the State by counties, noting on each, his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply all component societies with the necessary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessment, collect the same and turn it over to the Treasurer, taking his receipt therefor. Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the House of Delegates.

SEC. 6. The Council shall have authority to accept or reject all bonds.

#### CHAPTER VII.—COUNCIL

SECTION 1. The Council shall meet on the first day of the Annual Session and daily during the session and at such other times as necessity may require, subject to the call of the chairman or on a petition of three Councilors. It shall meet on the last day of the Annual Session of the Society to organize and outline the work for the ensuing year. It shall select a chairman and a clerk, who, in the absence of the Secretary of the Society, shall keep a record of its proceedings. It shall through its chairman, make an annual written report to the House of Delegates.

SEC. 2. Each Councilor shall be organizer, peace-maker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual written report of his work, and of the condition of the Profession of each county in his district at the Annual Session of the House of Delegates. The necessary traveling expenses incurred by such Councilor in the line of the duties herein imposed may be allowed on a properly

itemized statement; but this shall not be construed to include his expenses in attending the Annual Session of the Society.

SEC. 3. The Council shall be the executive body of the House of Delegates and between Annual Sessions shall exercise the power conferred on the House of Delegates by the Constitution and By-Laws. It shall consider all questions involving the right and standing of members, whether in relation to other members, to the component societies, or to this Society. All questions of an ethical nature brought before the House of Delegates or the general meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component societies, on which an appeal is taken from the decision of an individual Councilor.

SEC. 4. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies, to be suitably designated so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

SEC. 5. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Society. It shall annually audit the accounts of the Treasurer and Secretary and other agents of this Society and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of the Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the office of the Secretary or of the Treasurer, the Council shall fill the vacancy until the next annual election.

SEC. 6. In case of a vacancy in the office of delegate, the Council shall have authority to seat any member of that county society in attendance at said meeting as delegate, with full right to perform all the duties of that office.

#### CHAPTER VIII.—COMMITTEES

SECTION 1. The standing committees of this Society shall be as follows:

1. A Committee on Scientific Work.
2. A Committee on Medical Legislation.
3. A Committee on Health and Public Instruction.
4. A Committee on Medical Education and Hospitals.
5. A Committee on Public Relations.
6. A Committee on Medical Economics.
7. A Committee on Scientific Exhibit.
8. A Committee on Arrangements.

Unless otherwise provided, these committees shall be appointed by the President. Each committee shall consist of at least three members. A greater number may be appointed whenever circumstances require a larger committee. As far as practicable, appointments shall be made so that the term of office of a third of the members of each committee shall expire each year. The President and Secretary shall be *ex-officio* members of all committees.

SEC. 2. The Committee on Scientific Work shall consist of three members of which the Secretary shall be one. Subject to the instructions of the House of Delegates, this committee shall determine the character and scope of the scientific proceedings for each Annual Session. It shall prepare a scientific program for each Annual Session, determining the order in which papers and discussions shall be presented.

SEC. 3. The Committee on Medical Legislation shall consist of seven members. It shall represent the Society in all legislative practice. It shall keep in touch with professional and public opinion and maintain active relations with the Bureau of Legal Medicine and Legislation of the American Medical Association. It shall, at all times, endeavor to shape and guide legislation with a view to securing the best results for the whole people. It shall strive to organize professional influence so as to promote the general good of the community in local, state, and national affairs and elections. During sessions of the General Assembly, it shall keep itself informed as to the bills that are introduced, and shall inform the members of the Society through its Journal or by special bulletins, to the end that legislation inimical to the medical profession and the public shall be defeated, and legislation fostering the interests of public health and medical practice shall be enacted into law.

SEC. 4. The Committee on Health and Public Instruction shall represent the Society in those affairs having for their object the improvement in public and personal health, the prevention of epidemics, and the instruction of the people. It shall maintain close relations with the Board of Health, the State Health Officer, and the various health officials, assisting in the adoption of public health programs, the enforcement of sanitary laws, and the promulgation of other health activities of interest to the members of the Society. As occasion demands or when thought advisable, it shall supervise the preparation of articles of timely interest for publication in the newspapers or for broadcasting over the radio for the instruction of the public.

SEC. 5. The Committee on Medical Education and Hospitals shall serve this State for the Committee on Medical Education and Hospitals of the American Medical Association, and shall have referred to it all questions pertaining to hospitals and medical education. It shall maintain close relations with the officials and faculty of the University of Arkansas School of Medicine, rendering at all times such assistance as it can in maintaining that institution as a Class A Medical School.

SEC. 6. The Committee on Public Relations shall have referred to it all questions wherein the medical profession as represented by the Society is called upon for advice, for participation in private or public affairs and projects not coming within the duties outlined for the other committees. It shall be the publicity committee of the Society and shall have charge of all publicity issued in the name of the Society.

SEC. 7. The Committee on Medical Economics shall serve the State for the Council on Medical Economics of the American Medical Association. It shall investigate all matters affecting the economic status of physicians and shall report annually to the House of Delegates, such recommendations as may, in its judgment, seem proper.

SEC. 8. The Committee on Scientific Exhibit shall solicit and collect material from institutions and individual physicians of the State that is of scientific interest. This it shall arrange and exhibit at each Annual Session. It should



particularly strive to obtain material that will more fully illustrate the papers presented in the general meetings of the Society.

SEC. 9. The Committee on Arrangements shall be appointed by the component society of the county in which the Annual Session is to be held. With the President and Secretary it shall select the time of the Annual Session. It shall provide suitable accommodations for the meeting places of the Society and the House of Delegates, the scientific exhibit, the committees, and shall have general charge of all arrangements. Its chairman shall report an outline of the arrangements to the Secretary for publication in the program and shall make additional announcements during the session as occasion may require.

#### CHAPTER IX.—COUNTY SOCIETIES

SECTION 1. All county societies now in affiliation with this Society or those which may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Society.

SEC. 2. As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

SEC. 3. Charters shall be issued only on approval of the Council, and shall be signed by the President and Secretary of this Society. Upon the recommendation of the Council, the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

SEC. 4. Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the District if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

SEC. 5. Each county society shall judge of the qualifications of its own members; but, as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician, who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership. No physician or surgeon who solicits patients or business for himself or for an association or other organization of which he is a member, or by which he is employed, or in which he is interested, shall be eligible for membership in this Society; and no physician or surgeon who works for, is employed by, or is interested in, any association or organization which solicits patients, members or business shall be eligible for membership in this Society. Any member of this Society who shall hereafter violate any of the provisions hereof shall be expelled from the Society. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

SEC. 6. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in censoring, suspending, or expelling him, shall have the right to appeal to the Council, and its decision shall be final. A county society shall at all times be

permitted to appeal or refer questions involving membership to the Council of the State Society for final determination. That the Council may be aided in rendering just decisions, it is necessary that the By-Laws of each component society provide in detail the routine to be followed in preferring charges and trying any member accused of and tried for any kind of unprofessional conduct.

SEC. 7. In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts; but in case of every appeal, both as a Board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

SEC. 8. When a member in good standing in a component county society moves to another county in this State, he shall be given a written certificate of these facts by the Secretary of his society, without cost, for transmission to the Secretary of the society in the county to which he moves. Pending his acceptance or rejection by the society in the county to which he moves such member shall be considered to be in good standing in the county society from which he was certified and in the State Society to the end of the period for which his dues have been paid.

SEC. 9. A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the component society in whose jurisdiction he resides.

SEC. 10. Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

SEC. 11. At some meeting in advance of the Annual Session of this Society, each county shall elect a delegate or delegates to represent it in the House of Delegates of this Society, in the proportion of one delegate to each twenty-five members, and one for each major fraction thereof, and the Secretary of the county society shall send a list of such delegates to the Secretary of this Society at least ten days before the Annual Session.

SEC. 12. The Secretary of each component society shall keep a roster of its members, and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall endeavor to account for every physician who has lived in the county during the year.

SEC. 13. The Secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county, to the Secretary of this Society on January 1, and not later than March 1 of each year.

SEC. 14. Any county society which fails to pay its assessment, or make the report required, on or before March 1, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Society or

of the House of Delegates until such requirements have been met.

#### CHAPTER X.—MISCELLANEOUS

SECTION 1. No address or paper before the Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery, and no member shall speak longer than five minutes nor more than once on any subject, except by unanimous consent.

SEC. 2. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary when read.

SEC. 3. The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, when not in conflict with this Constitution and By-Laws.

SEC. 4. The Principles of Medical Ethics promulgated by the American Medical Association shall govern the conduct of members in their relation to each other and to the public.

#### CHAPTER XI.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that each amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in a bulletin or Journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

#### EDITORIAL COMMENT

(Continued from Page 153)

therein. We quote: " \* \* \* \* round-up the children for examination and urge the parents to take them to the family physician and dentist for further advice and treatment." Quoting further, "It should be clearly understood that the Congress does not advocate free medical or dental service for the correction of defects, but refers the child to the family physician and dentist for treatment, unless it is found necessary to seek some benevolent agency to provide the service in selected cases." The desirability of individual attention rather than the haphazard examinations conducted under the many difficulties of the group clinic has received much attention of late from lay organizations as well as from medical societies. It has been discussed in The Journal by Robins<sup>1</sup> and a similar resolution by Bowie-Miller County Medical Society appears in this issue. The cooperation of all county medical societies with lay organizations interested in health activities is necessary for public welfare but it is the right of medical men to state how these examinations should be conducted. An insistence for examination in the physician's of-

fice is additional argument in favor of the present physician-patient relationship and its general adoption will react to the advantage of organized medicine.

A list of physicians not now members but apparently eligible for membership has been furnished each county secretary by the state secretary. This list was compiled from the 1934 Directory of the American Medical Association and shows in a striking manner just what increase in membership is possible for the Arkansas Medical Society should the county societies aggressively seek the affiliation of these non-members. A fifty per cent increase in numerical strength should result with active work on the part of county society membership committees. This does not imply lowering our standards in any manner; conversations with practically all county secretaries having well established the fact that there are many non-members worthy and eligible for membership in organized medicine. Mississippi County Medical Society through its secretary, F. D. Smith, has already contacted each eligible physician on the list furnished that county and expects to follow up this first contact with personal solicitations to insure eventual affiliation of these physicians. Similar efforts are needed in the other county societies. If each member of the Arkansas Medical Society would feel a personal responsibility in securing new members to strengthen the organization, an all-time high for membership would be attained by the time of the annual meeting in April.

The New Year should bring to the minds of each member of the county medical societies this question: "How successful a year will my society have this year and what can I do to help make it successful?"

County medical societies are the basic units in medical organization. Upon them devolves the duty of regulating professional affairs in their respective counties. Largely will public opinion gauge the character of the medical profession in the community by the standards held by the county medical society. The county society is most important. It should be the pleasure of each physician to fully cooperate in making his society an efficient organization. Unfailing loyalty is the rightful demand of the society from its members; unfailing service from the society is the right of its members.

<sup>1</sup> Robins, R. B. The Ouachita County Plan. J. Ark. M. Soc., July 1934, 31, 35.



## PROCEEDINGS OF SOCIETIES

The Ouachita County Medical Society was addressed at its January 3rd meeting by Drs. Paul Day, A. DeGroat, W. C. Langston, C. H. McDonald, A. E. Pirnique and F. Vinsonhaler, of the University of Arkansas Medical School Faculty.

Saline County Medical Society has elected the following officers: President, E. A. Buckley, Bauxite; Vice-president, T. C. Watson, Benton, and Secretary-treasurer, C. W. Jones, Benton. J. A. Burks and T. C. Watson were elected delegate and alternate respectively.

Miller County Medical Society has elected the following officers: President, N. B. Daniel; Vice-president, L. H. Lanier; Secretary-treasurer, B. C. Middleton; Censor, T. F. Kittrell; Delegate, H. E. Murry; Alternate, A. H. Mann.

Johnson County Medical Society has elected the following officers: President, J. M. Kolb; Secretary-treasurer, G. R. Siegel.

Pulaski County Medical Society has elected as President for 1935, Joe F. Shuffield, and re-elected E. H. White and R. J. Calcote, Secretary and Treasurer respectively.

Conway County Medical Society has reorganized as a separate county society for 1935, electing the following officers: President, J. H. Colay, Jerusalem; Vice-president, A. L. Goatcher, Plumerville, and Secretary-treasurer, C. E. Etheridge, Morrilton.

Hempstead County Medical Society has elected the following officers: President, G. E. Cannon; Vice-president, J. H. Weaver, and Secretary-treasurer, A. C. Kolb.

Sebastian County Medical Society held its annual banquet session on January 8th. Talks were made by I. F. Jones, retiring president; F. H. Krock, incoming president; Earle Hunt, Clarksville; H. Moulton, M. E. Foster and J. A. Foltz. J. H. Buckley acted as toastmaster.

J. W. Amis, Secretary.

H. Fay H. Jones, Little Rock, addressed the Medical Association of the Missouri Pacific Railroad January 25th at New Orleans on "Backache as Observed from Urological Viewpoint." L. J. Kosminsky, Texarkana, President of the Association, addressed the annual banquet session.

The Fifth Councilor District Medical Society met in banquet session at El Dorado January 8th. Officers for 1935 were elected as follows: President, J. J. Baker, Magnolia; Vice-president, T. H. Jones, Magnolia, and Secretary-treasurer, S. A. Thompson, Camden. The following program was presented: "Pulmonary Tuberculosis," J. D. Riley, State Sanatorium; "Some Problems of the New Born," A. C. Kirby, Little Rock; "Fractures," W. V. Newman, Little Rock, and "Physiology of Fertilization in the Human Female," (motion picture), E. H. White, Little Rock. F. O. Mahony, El Dorado, and A. S. Buchanan, Prescott, addressed the meeting on legislative matters following the scientific program.

D. E. White, Secretary.

Sevier County Medical Society has elected the following officers: President, I. G. Jones; Vice-president, C. E. Kitchens, and Secretary-treasurer, C. C. Hanchey.

Faulkner County Medical Society has elected the following officers: President, J. H. Downs, Vilonia; Vice-president, G. L. Henderson, Conway; Secretary-treasurer, J. S. Westerfield, Conway.

The Lawrence County Medical Society met with Dr. J. C. Hughes at Hoxie on January 8th, installing officers for 1935 as follows: President, H. R. McCarroll, Walnut Ridge; Vice-president, T. C. Neece, Walnut Ridge; Secretary-treasurer, Chas. D. Tibbels, Black Rock; and Censor, R. S. Kendall, Strawberry.

Woodruff County Medical Society has elected the following officers: President, R. N. Smith, Augusta; Vice-president, J. W. Morris, McCrory, and Secretary-treasurer, L. E. Biles, Augusta.

Prairie County Medical Society has elected the following officers: President, W. J. B. Williams, Des Arc; Vice-president, Edward Adams, DeVal's Bluff; and Secretary-treasurer, J. C. Giliam, Des Arc.

H. D. Wood, Fayetteville, addressed the Washington County Medical Society January 8th on "The Ethics of Consultation." This was the 88th birthday of the speaker who is the oldest physician in active practice in the United States, and the only living charter member of the Washington County and Arkansas Medical Societies.

Phillips County Medical Society has elected the following officers: President, J. B. Ellis; Vice-president, H. H. Rightor; and Secretary-treasurer, A. W. Cox.

The January 4th meeting of the Crittenden County Medical Society was devoted to a consideration of legislation affecting public health and the medical profession. The meeting was addressed by Drs. L. C. McVay, who spoke on medical insurance and socialized medicine; J. O. Rush, J. L. Jelks, A. M. Washburn and W. B. Grayson, and the following members of the legislature, Harve Thorne, Wilks and E. C. Gathings. The society has elected the following officers for 1935: President, T. S. Hare, Crawfordville; Vice-president, R. H. Ray, Earl; and Secretary-treasurer, L. C. McVay, Marion.

## PERSONALS AND NEWS ITEMS

"Medicine Applied to Business," by A. S. Buchanan, Prescott, appears in the December Tri-State Medical Journal.

Dr. H. A. Dishongh has been appointed deputy coroner for Pulaski County.

R. L. Fraser has been elected Historian of the McCrory Post of the American Legion.

Dr. Harvey S. Thatcher, Little Rock, has been appointed the member of the Council of the Southern Medical Association from Arkansas for a regular Council term of five years, the appointment having been announced recently by the President, Dr. H. Marshall Taylor of Jacksonville, Florida. Dr. Thatcher succeeds Dr. Morgan Smith, Little Rock, who, having served the constitutional limit, was not eligible for reappointment.

C. A. Henry, Clarendon, has been appointed director of the Saline County Health Department, succeeding T. C. Watson, who returns to private practice.

James K. Grace has resigned as Surgeon, C. C. Camp, Mount Nebo, and has returned to private practice at Belleville.

R. H. Huntington has been elected Scribe of the Eureka Springs chapter, Royal Arch Masons.

I. R. Johnson, Blytheville, has established a laboratory in connection with his office with a technician in charge.

C. B. Capel, Pine Bluff, entertained at a venison dinner on December 14th for Pine Bluff physicians, their wives, the nurses of the city, and members of the board, staff and auxiliary of Davis Hospital.

C. D. Winborn, formerly of Dallas, has associated himself with J. G. Mitchell at El Dorado.

S. M. Self, Walcott, lost his office and fixtures by fire on December 2nd.

J. C. Miller, Malvern, entertained the following physicians of that city at dinner December 27th: E. H. McCray, W. F. Barrier, W. G. Hodges, H. L. Brown, J. M. Williams, and E. T. Bramlitt.

J. T. Altman, Jonesboro, addressed the Craighead County Bar Association December 28th.

Dr. and Mrs. D. E. Evans, Harrison, celebrated their 54th wedding anniversary December 23rd.

W. B. Bruce, Helena, has been elected Chairman of the Eastern Arkansas Park Association.

Drs. E. D. McKnight, Brinkley, and L. D. Duncan, Waldron, have been re-appointed to the State Board of Health for four-year terms.

Byron L. Robinson and W. C. Langston, of the University of Arkansas Medical School faculty, received third award in the Scientific Exhibit of the Southern Medical Association for their exhibit on castration atrophy and theelin.

Newly-appointed county health officers are: W. P. Scarlett, for Monroe County, and J. Kent Grace, for Yell County.

W. E. Gray, formerly with Drs. Rhinehart, has located in Hot Springs National Park, where he will take over the office of the late Dr. W. L. Snider.

R. R. Kirkpatrick, Texarkana, has been elected President of the Michael Meagher Hospital staff.

Earle Hunt addressed the Johnson County Medical Society December 26th on "Empyema."

J. E. Neighbors, Stuttgart, suffered flesh wounds of the chest and left arm by the accidental discharge of his shotgun on January 12th.



C. S. Holt, Fort Smith, spent a vacation in New Orleans and Memphis during January.

E. L. Matthews acted as Chairman of the Morrilton Roosevelt Ball.

Drs. G. A. Hebert, C. H. Lutterloh and D. B. Stough of Hot Springs National Park, and C. W. Jones, Benton, attended the Centennial Clinics of Tulane University in December.

Ralph Sloan, Jonesboro, addressed the Green County Medical Society at Paragould January 10th.

"The Spa Treatment of Arthritis" by M. F. Lautman, Hot Springs National Park, appeared in the January issue of Southern Medicine and Surgery.

## RESOLUTION

Whereas, God in His infinite wisdom has suddenly snatched from our midst our friend and colleague, Dr. W. L. Snider; and

Whereas, Dr. Snider was endeared to us by his genial personality, his kindness, and charitable nature. Not only did his traits of character appeal to us and make us desire to emulate them, but we shall ever remember his technical skill and mechanical genius. The technical beauty of his X-ray films were a revelation to all who saw them and men in his line envied that skill which many strive for but few attain. Before the World War, Dr. Snider's good work in his chosen line was recognized, but during the war, there was a steady growth in his technical skill. The teaching was easily absorbed, to become a part of him, broadening him in every aspect and making of him one of the best experts in the Southwest. Dr. Snider once told one of his colleagues that he was a much better X-ray man after the war and when asked in what respect, he said, "In ability to correctly interpret." This power of interpretation, he made available to our profession through the years and it is to us a profound source of regret that we no longer have that aid, and

Therefore, Be it resolved, that the Garland County-Hot Springs Medical Society in session assembled express our appreciation for the noble work that Dr. Snider has done among us; that we, as a Society feel a sense of personal loss at his death and shall ever cherish his memory; and that we recommend to the members of the Society that they follow the high technical and ethical standards which Dr. Snider unflinching followed; and

Be it further resolved that we express our sympathy to Mrs. Snider for her irreparable loss; and that a copy of this resolution be sent to Mrs. Snider and to Dr. Snider's father and Dr. William V. Laws; that a copy be spread on the minutes of the Society and that a copy be sent to the press.

## OBITUARY

WARREN LAWS SNIDER, aged 56, died suddenly at his home in Hot Springs National Park December 12th following a heart attack. He was born in Fairland, Indiana, on March 18, 1878, and graduated from the Medico-Chirurgical College of Pennsylvania in 1902. He located in Hot Springs National Park in 1911 and had devoted himself to roentgenology since that time. He served during the World War. Surviving him are his wife, his father, Dr. J. W. Snider, an uncle, Dr. W. V. Laws, also of Hot Springs National Park, and a brother.

WILLIAM HUNT BLANKENSHIP, aged 68, died at his home in Pine Bluff December 12th after an illness of several weeks. He was born in Louisiana in 1866 and graduated from the College of Physicians and Surgeons in Baltimore in 1893. Of his 43 years in the practice of medicine, the last 13 were spent in Pine Bluff. He is survived by his wife, four daughters and three sons.

FRANK E. HURRLE, Little Rock, aged 54, died January 14th of injuries sustained in an automobile accident on January 11th. Born in Louisville, Kentucky, January 14, 1881, Dr. Hurrle attended a pharmacy school following completion of his high school course. He came to Pine Bluff to manage a drug store but later entered the School of Medicine of the University of Arkansas, graduating in 1911. He was a member of the Pulaski County and the Arkansas Medical Societies, St. Andrews Cathedral, Knights of Columbus, the Catholic Knights of America, F. O. Eagles and Modern Woodmen of America. He married Miss Virginia Walker of Pine Bluff in 1918, who survives him. Other surviving relatives are his mother, three sisters and a brother.

## COMING MEDICAL MEETINGS

Mid-South Post Graduate Medical Assembly, Memphis, February 12-15th.

American College of Surgeons, (District), Kansas City, March 12-13th.

Dallas Southern Clinical Society, Dallas, March 18th-22nd.

Arkansas Medical Society, Fort Smith, April 15-17th.

## DOCTORS, AS HUSBANDS\*

'Though my talk should be humorous  
I know you'll agree  
That a serious subject  
Was given to me.

For who marries a Doctor  
And is a true wife,  
Must join the Profession,  
And serve it for Life.

She must learn to be friendly  
When answering the phone;  
Take down the right numbers  
When the Doctor's not home.

If a voice, in a frenzy,  
Cries, "Get him, quick, please,  
For my baby has just  
Developed a sneeze."

She must soothe her, and calm her,  
For woe will befall,  
If she can't locate her husband  
And give him the call.

His patient will tell her  
How wonderfully kind,  
How sympathetic, he is,  
And how cheerful, they find.

When he enters the sick-room,  
Improvement, they show;  
He says not to worry  
If recovery is slow.

That already they're better,  
And he'll do his best  
If they will be patient  
And keep on with their rest.

But—if this same Doctor,  
As a Husband, comes home  
And finds his wife ill—  
Oh, my, what a moan.

A pucker of worry,  
An impatient tone:  
"You've been doing too many things  
Outside of your home.

"Stay in bed—just be quiet—  
Let things slide and go slow;"  
Then off to a meeting  
He hastens to go.

She recalls how his patients  
His virtues relate,  
But she finds, as a Husband,  
He wants no complaint.

If she follows directions,  
Quite soon she will find  
That he didn't expect her  
His orders to mind.

He's tired of the sickroom  
And hospital sights;  
He wants order and cheer  
When he comes home nights.

She must never be tired  
Or tell what has gone wrong;  
He's heard fool women whine  
The whole day long.

Then—if one of the children  
Breaks out in a rash;  
It's "Measles or Smallpox,"  
He cries, quick as a flash.

To his wife's anxious questions  
He gruffly replies,  
"She must be kept quiet,  
So humor her cries.

"Call the Doctor at once;  
No, call two or three.  
We'll have consultation  
As soon as can be.

It may not be fatal;  
It's too early to tell;  
But if pneumonia sets in,  
She just can't get well."

So, instead of one patient,  
The wife nurses two—  
Her child, and her husband—  
Now, isn't this true?

He may be a Specialist  
Working hours at a spell  
Sorting stamps, new and old,  
I know one such, quite well.

If I say, "Let's play bridge,  
Shall I phone anyone?"  
He replies, "I'm too tired,"  
But the sorting goes on.

"See this stamp? It's unusual,  
There are but few of its kind;  
I got this from a patient,  
It's really a find."

It may be your husband  
At fishing, ranks high,  
And is a fine Specialist  
At casting a fly.

Off for week-ends he goes,  
With two or three men,  
Wades miles, in huge boots,  
Through the swift water, and then

Thinks nothing of rowing  
A heavy boat up the stream—  
But work around home  
Is too tiring for him.

Your kind of Doctor  
I may now have in mind;  
The one who chooses golf  
For his specialty line.

If the weather is bad  
Or he's off of his game  
It's up to his wife  
To cheer him again.

\*.Given before Ladies' Night, Fort Smith Clinical Society, November 22, 1934.



He plays every Sunday  
And holidays, too;  
But he's too busy to picnic  
With the children, and you.

If we're asked out to dinner,  
We must often say "No—  
It's Staff meeting night—  
Doctor feels he should go."

There you are—Doctor Husbands—  
As Doctors, you'll do;  
But as Husbands—that's different,  
As I've proven to you.

Since we've chosen to marry  
Professional men;  
We'll make of our bargain,  
The best that we can.

We'll share you with your patients  
And your Specialties, too;  
For we're proud to serve  
The Profession, with you.

—Juliette G. Moulton.

## AUXILIARY NEWS

### "THE MODERN DOCTOR"

I visited a Modern Doctor one day  
To ask him my various pains to allay,  
He thumped on me here, and beat on me there  
Till I thought I'd be blue, from my heels to my hair.

Then numerous questions, he began to propound  
To see if the reason for why could be found.  
Talk about manners, that Doctor sure had 'em  
He asked the health of my relatives, way back to Adam.

He said, "Do you eat eggs, potatoes and fish?"  
I answered yes, just as much as I wish.  
How about spinach, ice cream and fresh meat?  
Sure do, said I, and think them a treat.

Well, do you motor, swim, or play golf?  
Yes, all of them, every moment I'm off.  
Then he felt of my pulse, and gazed at my tongue,  
And so, lookin' wise, did say what was wrong.

Your trouble, said he, I plainly can see,  
It's what you do do, with you don't agree.  
So quit what you do do, and do what you don't.  
For what you don't may agree, as what you do do, wont.  
—Mrs. E. A. Hawley, Texarkana, Arkansas.

The Obstetrical Pack Committee of the Woman's Auxiliary to the Pulaski County Medical Society met at the home of Mrs. B. A. Bennett December 4th. Those present were Mrs. J. B. Crawford, president of the auxiliary; Mrs. Anderson Watkins, chairman of the committee; Mrs. F. E. Huddle, Mrs. C. C. Reed, Mrs. W. H. Miller, Mrs. H. A. Higgins and Mrs. George Jackson. Material was prepared for 15 kits. Refreshments were served by Mrs. Bennett, assisted by her mother, Mrs. Armstrong.

The semi-annual meeting of the auxiliary of the Ninth Councilor District met December 4th at the home of Mrs. D. L. Owens, of Harrison, with Mrs. Owens and Mrs. J. H. Fowler as joint hostesses.

A very interesting program, consisting of readings,

musical numbers and a tap dance, was rendered. During the business meeting thirteen members paid dues. A salad plate was served by the hostesses.

Mrs. A. L. Carter, Pres.

Mrs. J. H. Bohannon, Sec'y.

The Woman's Auxiliary to the Sebastian County Medical Society met January 14th at the home of Mrs. W. R. Brooksher, Jr., Fort Smith. Reports were heard from all committees and plans for the work during the year were discussed. Plans were outlined for the coming state convention and the following committees were appointed by the president, Mrs. Eugene Stevenson: General Chairman—Mrs. W. R. Brooksher, Jr.; Entertainment, Mrs. M. E. Foster; Decoration, Mrs. A. F. Hoge; Luncheon, Mesdames E. C. Moulton, Pierre Redman, and C. S. Holt; Tea, Mesdames S. J. Wolfermann, J. A. Foltz and J. C. Amis; Program, Mesdames D. W. Goldstein and A. A. Blair; Publicity, Mrs. Walter G. Eberle; Transportation, Mrs. W. F. Rose; Courtesy, Mesdames I. F. Jones, J. S. Southard, A. S. Chapman, B. B. Bruce, H. W. Savery and F. H. Krock; and Registration and Credentials, Mesdames B. W. Freer, S. P. Stubbs, C. S. Bungart and G. G. Woods. Mrs. C. S. Holt and Mrs. F. H. Krock invited the members of the Auxiliary and their husbands to a party to be held in February. Mrs. H. H. Smith was accepted as a new member. The meeting was a most interesting one, every active member with the exception of two who were out of town being present for the meeting. Refreshments were served after the business session.

The following committee from the Woman's Auxiliary to the Sebastian County Medical Society served on the President's Ball Committee: Mesdames W. R. Brooksher, Jr., W. F. Rose, S. J. Wolfermann, A. F. Hoge, W. G. Eberle, D. W. Goldstein and Pierre Redman.

## BOOK REVIEWS

**Medicine Marches On.** By Edward Podolsky, M. D. Pp. 373. Price \$3.50. New York: Harper and Brothers, 1934.

The author dramatically recounts recent advances in the treatment of disease. Some statements regarding new discoveries are too positive and perhaps add to the marvels of medicine in an unwarranted degree. The book is written for the non-medical reader but will prove entertaining to the physician.

**Clinical Laboratory Methods.** By Pauline S. Dimmitt, Ph. G., Medical Technician for the Stout Clinic, Sherman, Texas. Pp. 148 with 36 illustrations and 7 colored plates. Price \$2.00. Philadelphia: F. A. Davis Company, 1934.

This book was brought out after years of work in clinical laboratories and from experience as an instructor in medical biological chemistry. The volume is an interesting and concise account of all the latest approved laboratory procedures. Marked simplicity of material enables students and technicians to carry out the work in a scientific way, emphasizing accurate and reliable agents. The 36 illustrations and the 7 colored plates are very helpful in giving the student a better picture of the methods and results. Here, at least, is one book that a student can study from front to back without having to skip chapters to avoid confusion.

**1934 Year Book of Radiology.** Edited by Charles A. Waters, M. D., and Ira I. Kaplan, M. D. Pp. 512. 454

illustrations. Price \$4.00. Chicago: The Year Book Publishers, 1934.

That the publishers should elect to continue this valuable volume in times of economic unrest is appreciated by those who have access to the preceding years' issues, but that it should appear with a price reduction revives one's belief in the goodness of mankind and in book publishers particularly. This volume is an indispensable work of reference to all radiologists, a handy desk companion. All literature for the current year of interest and merit has been capably abstracted. The use of 454 illustrations in its 512 pages is an index of the extent to which the abstracts are pictorially presented. The diligence of the editors in its compilation excites our highest admiration.

**The Heart Visible:** A Clinical Study in Cardiovascular Roentgenology in Health and Disease. By J. Polevski, M.D., Attending Physician and Cardiologist, Newark Beth Israel Hospital. Pp. 208. Price \$5.00. F. A. Davis Company, Philadelphia, 1934.

The author thoroughly discusses cardiac visualization in this monograph, stressing the importance of fluoroscopic visualization. The book is directed to both the clinician and the roentgenologist; the former, in an endeavor to familiarize him with the roentgen-ray aid that he may obtain in his studies; to the latter, in an endeavor to enable him to observe roentgenologically those phenomena which the clinician has elicited by other methods. The technical factors, the normal heart, the

abnormal heart, the pericardium and the great vessels are presented in authoritative detail. Written in lucid style with 122 illustrations, the volume is a veritable atlas on the subject. It is an indispensable text for the roentgenologist and the clinician who are called upon to interpret cardiac signs and symptoms.

**A Manual of the Practice of Medicine:** By A. A. Stevens, A.M., M.D., formerly Professor of Applied Therapeutics in the University of Pennsylvania; Honorary Consulting Physician to the Philadelphia General Hospital; Consulting Physician to St. Agnes Hospital, Philadelphia. Thirteenth Edition, Revised. 685 pages. Philadelphia and London: W. B. Saunders Company, 1934. Cloth, \$3.50 net.

This book has been in use since 1892 and the fact that this is the thirteenth edition is sufficient evidence that it is of value to students and practitioners. It is not a complete digest of medical practice but epitomizes symptoms, diagnosis and treatment of the conditions met by the average physician. Considerable new matter appears in this revision including massive collapse of the lung, psittacosis, hyperinsulism and agranulocytic angina. It is a convenient reference volume with the attributes of simplicity and brevity, a valuable book for the busy physician or for the medical student.

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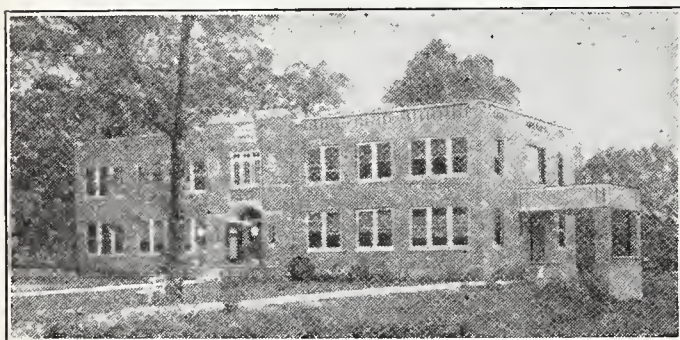
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—Proc. Soc. Exp. Biol. and Med., 1934,  
32, 241-245.

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\*\* Two packages of Philip Morris English Blend cigarettes. ☐

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# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL



Vol. XXXI

FORT SMITH, ARKANSAS, MARCH, 1935

No. 10

## THE KNEE JOINT\*

F. WALTER CARRUTHERS, M. D., F. A. C. S.,  
Little Rock.

The essayist wishes to call to your attention a group of clinical cases that are in a great part responsible for the acute and chronic disabilities of the knee joint.

It is appalling, though none the less true, that many lesions of the knee have been looked upon as medical curiosities because they have not been properly recognized. It is the purpose of the essayist to consider the knee in a general way from the anatomical, functional and pathological sides as it is related especially to the so-called internal derangements; and to view as briefly as possible the unusual clinical lesions characterized by loose bodies, osteochondritis dissecans, and the more common types of synovitis, both acute and chronic, including in a minor way, tuberculosis.

An internal derangement of the knee as described by many of our authorities is "A mechanical disorder caused by a product of the joint itself; the obstructed tissue may be the result of either traumatic or pathologic process and is always intra-articular."

There is probably no bone or joint condition which presents itself to the surgeon, internist or specialist, that is more interesting than those of the knee joint. In considering the knee, let us take up first the question of its anatomy. It is a well-known fact that the knee is the largest and strongest joint in the body. It serves two distinct purposes, locomotion and weight bearing. Its strength is supplied by many factors, including the large ligaments on the outer side, as well as its many delicate and intricate parts, known as the crucial ligaments, semilunar cartilages and its large synovial membrane. Its internal covering consists of a large synovial membrane, which is naturally subjected at all times to trauma and disease.

These structures, the joint capsule with its supporting ligaments and tendons, the semilunar cartilages, the femoral articular cartilage, the crucial ligaments, the tibial spine, the synovial membrane and the infrapatellar fat-pad, are the structures involved in internal derangements of the knee. Together they make up a joint remarkable for its combination of strength with range of motion; a combination due to the shape of the articulating bones, the interposition of the semilunar cartilages, the admirable ligamentous protection both inside and out, and the close apposition of hard and soft structures in all positions of the joint, a combination giving rise to many pathological entities.

Furthermore, the knee joint, because it is a weight-bearing joint, because it has a complicated mechanism, and because of the many structures that are subjected to trauma, laceration and rupture, is naturally prone to injury, entirely incapacitating, and very often difficult to represent.

The pathological situation, aside from the more or less rare types of cystic degeneration, is associated with an involvement of either the internal or external cartilages, the lesions being due to injury or infection. From the injury standpoint are those that result in tears, fractures, loosening or even complete avulsion of one or more of the cartilages, the injury resulting in the "Bucket Handle" fracture (so-called because of its resemblance to the old English leather bucket), or tears of one of the cartilages. Transverse fractures are also commonly noted. The bucket handle fracture, hyperimmobilization, or loose bodies may cause marked symptoms and should not be overlooked. The effect on the joint in recurrent cases is the inevitable general arthritic sequelae. The pathological conditions arising from lesions of the semilunar cartilages, loose bodies, osteochondritis dissecans, osteophytis, osteochondromatosis, chondromalacia of the patella, the acute and chronic synovitis, the classical Charcot's joint and tuberculosis, leave little for consideration.

\* Read with demonstration of cases before the Fifty-ninth annual session of the Arkansas Medical Society held in Little Rock, April 16-18, 1934.



## CLINICAL SYMPTOMS AND DIAGNOSIS

The symptoms of internal derangements of the knee are chiefly subjective and are due primarily to mechanical obstruction and secondarily to reactions in and about the joint. It is a well known fact that in many instances an exact diagnosis is impossible without first operating for explorative purposes. Yet, in a general way, the symptoms will typify the mechanical obstructive lesion and will form a basis for the diagnosis.

The presence of fluid in the knee joint should always be regarded as a serious matter. We know that injuries to the knee joint are very frequent. Sir Robert Jones has reported more than two thousand cases of displacements of the semilunar cartilage alone, operated with success, showing the frequency of this condition and the advisability of surgical intervention.



FIG. 1

Amount of flexion following a synovectomy of the knee.

The X-ray diagnosis of knee joint conditions can be relied upon in many cases but the history and physical findings are often the reliable source of your final diagnosis and conclusions.

## LESIONS OF THE SEMILUNAR CARTILAGE

Lesions of the semilunar cartilage occur most frequently among young active adults, with a predisposing trauma which may be severe or even insignificant. About 70 per cent involve the internal semilunar cartilage and about 30 per cent involve the external semilunar cartilage. Those involving the external cartilage usually follow the most violent form of injury. However, at a recent meeting in this country where the essayist, Mr. Naughton Dunn of Birmingham, England, called our attention to the fact that in a series of 250 cases of disturbances in the carti-

lages, both internal and external, 171 involved the internal cartilage and 79 the external cartilage. He cautioned the surgeon doing exploratory operation on the knee not to overlook examination of the external cartilage as unexpected disturbances will frequently be found.

## LOOSE BODIES

Loose bodies, or the so-called "joint mice," are sometimes very puzzling but are readily understood if all their physical possibilities are kept in mind. They may lie loosely in the joint and at times can be felt on palpation. The patient will tell you that he can feel a mass first on one side then on the other. Again a partially detached fragment may lie flush with the articulating surfaces and cause practically no trouble. It may become secondarily attached to the membrane lining. The history will show a sudden attack of pain usually due to the nipping of the body between the articular ends. The larger fragments give rise to less acute symptoms, because they are less likely to engage between the articular surfaces. In osteochondromatosis, owing to their size, the bodies become caught much more frequently, giving rise to less acute symptoms. The difficulty in diagnosis of osteochondromatosis is chiefly in the early cases which may simulate a general arthritic involvement.

Osteochondromatosis occurs in young adults, generally giving a history of chronic disability of the knee with locking, abnormal mobility and swelling. In passing, it seems hardly necessary to emphasize the importance of X-ray examination in all cases involving the knee. However, do not depend too much upon the X-ray, as the only change that may be noted is a narrowing of the joint space on the affected side. Air, oxygen and iodized oil injections into the knee joint have been described by many authorities as an aid in diagnosis. Such technic has not been employed by the essayist.

## TUBERCULOSIS

In tuberculosis of the knee, age is the paramount point for consideration. In childhood tuberculosis of the knee little need be said other than to emphasize its possibilities and symptoms. As in tuberculosis of all joints, it is incipient in its onset and usually preceded by a history of trauma. The physical examination is relatively negative except for very mild, if any, swelling, and the patient complains of mild pain on pressure directly over the flexed knee joint surface. The child walks with a limp. In the early case the

X-ray is negative. Treatment should consist of immobilization in a plaster cast with supportative constitutional treatment as in tuberculosis elsewhere.

In the adult tuberculous process, everything being equal, it is generally conceded that tuberculosis of the knee joint warrants only one thing, resection. A good result rarely follows conservative treatment and so much time is consumed, that with the facts squarely before the patients, most of them will select resection as the choice of treatment. It must be borne in mind that tuberculosis of the knee joint is a blood borne disease, always secondary to a focus elsewhere in the body, therefore, your patient must be thoroughly examined and searched for other tubercular foci. Bear in mind always that in either childhood or adult tuberculosis, the onset of the disease is gradual and the outstanding objective symptoms are a limp, local heat, and possibly flexion of the knee, while the subjective symptoms are stiffness and pain on motion. Furthermore, it is characterized by its chronicity, tendency to remissions and the fact that the patient is never completely free of symptoms. Early diagnosis is paramount and essential. If the diagnosis is delayed until the lesion is so self-evident that abscess and perhaps sinuses have formed with the customary secondary pyogenic infection, the danger of resection is greatly increased. Two cases that I wish to present today are both adults, one of eight years standing and the other ten years standing prior to the resection. Both patients now have firm, stable knees, and both are following the same occupation as prior to the onset of the disease.

Acute or chronic arthritis may resemble internal derangements with pain or tenderness generalized in a way. Direct locking of the joint is seldom present, but there is a frequent complaint of a giving-away or a weakness of the joint. The X-ray is a big help here and furnishes further proof of the usual articular change.

Rupture of the crucial ligaments and fractures of the tibial spine are not an uncommon occurrence and are usually due to, or associated with, direct violence. Fracture of the tibial spine presents a bony block on full extension and is easily noted on X-ray examination. The usual signs of cartilage derangements are absent.

The treatment of simple synovitis, either acute or chronic, should be very scientific and with definite purposes in view. The treatment of trau-

matic synovitis of the knee with effusion calls for early aspiration followed by early motion and active use. This, as you probably know, is in marked contrast to the former time-honored tedious immobilization followed by massage, baling and active motion. Early aspiration of the acute effused knee makes possible almost immediate resumption of walking and a perfect knee in contrast to a disabled and weakened one. Furthermore, we have found in the majority of our aspirations that the fluid aspirated is a bloody one and not the clear type so often mentioned. This is due to rupture of some intricate part of the knee joint and knowing this, a clearer understanding may be obtained of the cases that become chronic.

Following aspiration, immediate actual weight-bearing is not recommended. It encourages and



FIG. 2

Amount of flexion following a reconstruction operation for a congenital abnormality of the knee.

further traumatises the injured parts and delays rather than accelerates cure. It should be avoided for about a week, meanwhile permitting movement of the joint in bed and while the patient is up on crutches. I do not hesitate to aspirate several times. In many cases, I open the joint, wash it out first with hot normal salt solution, and follow with a weak iodine and glycerine solution. This same type of treatment is also applicable to any of the milder types of simple infectious synovitis as well as to the chronic. On the other hand, many of these cases progress to a stage where hypertrophic and atrophic changes have taken place. Then it becomes necessary to resort to a more radical procedure, namely, synovectomies. To emphasize these cases, I am pre-



senting three case histories and the patients in person showing the result of synovectomies. We should select cases for this type of surgery from the pathological occurrence in the various forms of arthritis, or after considering more or less the types of classical arthritis. Most of them can be said to be suitable for synovectomies. Every case must be considered a problem to itself and all factors must be carefully considered. All authorities have agreed that every possible focus of infection should be removed and conservative measures thoroughly tried. When faced with a chronic disease of the joint that fails to respond to conservative measures, however, I think one is justified in resorting to synovectomy. All of these cases have responded most beauti-

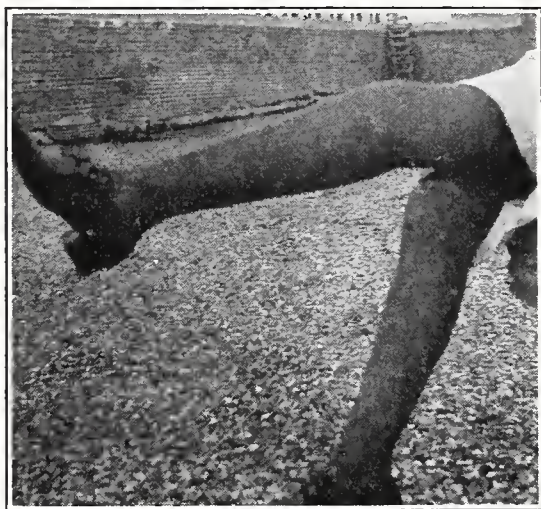


FIG. 3

Amount of extension gained, same as figure 2.

fully to the treatment and are here for your inspection.

### DIFFERENTIAL DIAGNOSIS

Some of the conditions that one must consider before a final diagnosis is made are ligamentous ruptures, fractures of the tibial spine, periarticular exostosis, other types of loose bodies, chronic arthritis in all forms, and a very common condition which the essayist has found in a large percentage of knee conditions, namely hypertrophy of the infra-patellar fat-pad. Here again the actual physical findings are the key to your diagnosis, in that the fat-pad can be seen enlarged on either side of the patella. Full extension may be painful, and in most cases impossible. True locking in this condition is rare, but the patient complains of pain and recurrent effusion after even mild exercise.

### TREATMENT

Murphy has said, "An operation upon the knee joint is one of the most difficult of all operations." The indications for treatment of any knee joint condition depend upon the age of the patient, the type of lesion as best determined, the question of recurrence, and the severity of associated symptoms. Displacements with locking of the knees occur occasionally in young children with moderate knock-knee deformity and relaxed knee joints. They are usually bilateral, not associated with reactions or swelling, pain or tenderness and a period of disability. They usually respond to measures for correction of the knock-knee deformity and for improvement of the musculature of the legs and thighs. Manipulation or operation is, therefore, rarely, if ever, indicated in pre-adolescent years. Injuries of the semilunar cartilages are occasionally seen in elderly people. Such patients are not good operative risks; associated chronic arthritis is likely to make the convalescence prolonged and difficult. Unless the patient is unusually active and well, non-operative measures should be employed.

In case of the initial injury, reduction of the displaced cartilage should be accomplished as soon as possible and the patient should be put at rest with the knee splinted until the swelling has subsided. The subsequent treatment may then be followed. It is essential in these cases, however, to warn the patient of the possibility of recurrences and the importance of avoiding certain movements and positions which are likely to cause them. It is equally important to plan exercises for the development of the thigh and leg muscles. The best guarantee against recurrence is a strong thigh musculature, for the stability of the knee joint is dependent more upon its muscular support than upon its ligamentous support. It should be borne in mind that patients with any degree of knock-knee deformity are more subject to recurrence than those with straight or slight bow-legs. Overweight associated with knock-knee deformity almost guarantees a recurrence.

The treatment of acute cases consists in proper reduction of the cartilage whereby the knee can be fully extended. If there is present a large amount of effusion, aspiration of the joint should be done. The knee then should be placed in a well-fitted plaster of paris cast for complete immobilization. In the chronic or recurrent cases, or in those in which the cartilage has

been badly crushed or split, open operation and complete removal is indicated, and should be done to insure complete recovery and return to a normal condition.

The basis for this article is founded upon a review of 198 cases taken from the files of the essayist covering the period from April 1921 to April 1934, and are as follows:

Arthritis—Acute Infectious, non-specific.....	13
Chronic .....	16
Hypertrophic .....	13
Suppurative .....	9
Displaced semilunar cartilages, internal.....	26
Displaced semilunar cartilages, external.....	3
Hypertrophy of infra-patella fat-pad.....	16
Synovitis—Acute infectious .....	52
Chronic .....	14
Traumatic, non-infectious .....	36
Total .....	198

The question of reconstruction operations on



FIG. 4

Amount of extension gained on left knee by double synovectomy. Amount of flexion gained on right knee by double synovectomy.

the knee, better known as arthroplasties, has reached a stable point in recent years. There is no longer a doubt as to the feasibility of reconstruction operations on joints in general, especially the knee joint.

The essayist has performed fourteen operations for reconstruction of the knee joint. One of them, a clinical case which I am presenting today, is the result of a congenital anomaly of the knee in a young woman 26 years of age. This patient could flex the knee forward but was unable to flex the knee backward in the normal manner due to the congenital maldevelopment of

the condyles of the knee. This knee was reconstructed by the writer some seven years ago and the patient is here for your inspection today.

Again referring to arthroplasties: they are as a rule contraindicated in a tubercular process because of a likelihood of a flare-up in an old healed process. On the whole, arthroplasties of the knee give satisfactory results in the majority of cases, provided they are selected with care. Much of the success depends upon the fortitude and courage of the patient to carry through the somewhat painful postoperative physiotherapy. Only then can good results be expected.

CONCLUSIONS

- (1) Be sure of your diagnosis in knee joint conditions.
- (2) Proper surgical procedure is as scientifically indicated in the knee as in any other structure of the human body.
- (3) The presence of excess fluid in the joint should always be viewed with suspicion.
- (4) Give careful and repeated examinations in making diagnosis of internal derangements of the knee.
- (5) Removal of the offending object is the sure way to obtain a cure.
- (6) Remember that operation upon the knee joint is one of the most difficult of all operations.

539 Donaghey Building, Little Rock.

ANNOUNCEMENT

Inasmuch as the scientific exhibits in the past at our state meetings have constituted such a large percentage of the educational feature of such assemblies, the committee on scientific exhibits at this time wishes to ask for a wide participation in this field by the members of our society. Doctors planning on having exhibits at Fort Smith on April 15, 16, and 17, are urged to get in touch with members of this committee as soon as possible so that adequate space and lighting facilities may be arranged for.

FRED KROCK, M. D., Chairman,  
Committee on Scientific Exhibits.

COMING MEDICAL MEETINGS

- American College of Surgeons, (District), Kansas City, March 12-13th.
- Dallas Southern Clinical Society, Dallas, March 18th-22nd.
- Arkansas Medical Society, Fort Smith, April 15-17th.



## THE EFFECT OF POSTURAL CHANGES ON BLOOD PRESSURE AND PULSE RATE\*

CHAS. H. LUTTERLOH, M. D., F. A. C. P.,  
Hot Springs National Park.

Three cases presenting like symptoms and termed "postural hypotension" were reported by Bradbury and Eggleston<sup>1</sup> in 1925. These cases exhibited the following phenomena: (1) a critical fall of blood pressure with changes from the horizontal to the upright position attended at times with syncope, (2) a slow pulse in spite of the marked fall in blood pressure, (3) anhidrosis, (4) an increased distress during the heat of the summer months due to the inability to perspire normally, (5) a slight decrease in the basal metabolic rate, (6) signs of slight and indefinite changes in the nervous system, and (7) blood urea at the upper limits of normal. Other signs and symptoms often noted in this condition were: (1) a greater excretion of urine during the night than during the day, (2) loss of sexual desire and potency, (3) a false general appearance of youth in comparison to the true age, (4) pallor of the skin and mucous membranes, (5) secondary anaemia and (6) chronic diarrhea.

In a review of the literature Barker<sup>2</sup> has found that fourteen cases of true postural hypotension have been reported, including his own case. Since this review Sanders<sup>3</sup> has reported one additional case accompanied by tachycardia; Dugan and Barr<sup>4</sup> have reported a case in conjunction with Addison's disease; and Allen and Magee<sup>5</sup> have recently reported a case making in all a total of 17 cases. All of the reported cases manifested some of the above mentioned phenomena. The drop in the systolic pressure from the horizontal to the upright position was usually marked, being as a rule 50 points or more with a corresponding drop in the diastolic pressure. This sudden drop was usually associated with symptoms of marked dizziness, a definite pallor, and in most instances, syncope. In several of these cases the pulse did not remain slow and constant but on change of position a marked increase in the pulse rate was noted as in the last case reported by Sanders<sup>3</sup>.

The etiology of this condition is not known but according to Ghrist<sup>6</sup>, "the physiologic abnormality probably consists in a hypofunction of certain parts of the sympathetic nervous system, or in

other words, a defective vasomotor tone. This defective vasomotor tone may arise from either (1) a paralysis, inhibition or dysfunction in the nervous mechanism of vasomotor control which in turn is influenced by the circulatory hormones of glandular secretion; (2) an atony or a paralysis of the myoneural juncture in the peripheral, especially the splanchnic vessels; or (3) changes in the character of the vessels themselves."

The treatment of this condition has been principally the administration of ephedrine sulphate. Ghrist and Brown<sup>7</sup> have reported beneficial results in one of their cases, and the case reported by Barker<sup>2</sup> showed improvement on this form of medication; however, in the majority of cases no form of treatment has been successful. In the case reported by Barker<sup>2</sup> where anhidrosis was one of the cardinal symptoms, the oral administration of pilocarpine hydrochloride during the summer months seemed to make the patient more comfortable.

My interest in postural hypotension was aroused through the study of a case, the report of which follows, in which the patient presented several of the characteristic symptoms of this disease.

W. M., male, age 52, a physician, presented the following symptoms: a feeling of fatigue with marked dizziness and faintness while in the upright position, which was relieved to some extent by a sitting or recumbent position, difficulty in staying awake, swelling of the feet and ankles, nocturia and a diminished sexual power and tendency to impotence. These symptoms had been present for a period of over a year and of late had become more marked. The family history was irrelevant except that the mother had died of a branchiogenic carcinoma. The past history was negative except for scarlet fever during childhood. The venereal history was negative.

Physical examination revealed a well developed, well nourished male who had the appearance of a person not over his stated age of 52. The head and neck were essentially negative except that the conjunctiva and mucous membranes were paler than normal. The heart was somewhat rapid but regular, the pulse was 90 and of fair volume. The heart sounds were distinct and no murmurs were elicited. The blood pressure with patient in the sitting position was 100/70. The lungs were negative. Examination of the abdomen revealed no abnormalities. The external genitalia and prostate were negative. The extremities were normal except for a slight edema of the ankles. The skin was smooth, moist and presented a yellowish tinge, however there were no areas of pigmentation noted. Neurological examination was negative except that the gait and station were somewhat unsteady which I attributed to weakness.

Laboratory findings: The urine was negative except for a trace of albumin and a few hyaline casts. The intravenous P. S. P. test showed 70% the first hour, 20% the second hour. The Kohlmer Wasserman was negative, the

\* Submitted for publication December 27, 1934.

Kahn was negative. The blood count was: hemoglobin (Sahli) 80%; red blood cells 4,300,000; white blood cells 6,100; neutrophils 46%; small lymphocytes 50%; eosinophiles 4%. No malaria parasites were noted. Blood chemistry revealed: Sugar, 140 mg. per hundred cubic centimeters, repeated a few days later 110 mg.; urea nitrogen 17 mg.; creatinin 1 mg. Basal metabolic rate was 0. Examination of the prostatic secretion was negative. Examination of the feces was also negative.

The symptoms presented by this patient definitely suggested the possibility of postural hypotension hence the following observations of blood pressure and pulse rate were made in the recumbent, sitting and standing positions on various days and at different times of the day during a period of two weeks. Two full minutes were allowed between each change of position. The results are shown in the following table.

OBSERVATIONS ON BLOOD PRESSURE AND PULSE RATE

BLOOD PRESSURE						PULSE RATE		
Recumbent		Sitting		Standing		Recumbent	Sitting	Standing
Sys.	Dias.	Sys.	Dias.	Sys.	Dias.			
130	84	114	84	114	84	76	88	96
124	82	110	80	110	78	68	90	92
112	66	90	60	88	60	74	90	94
110	66	92	62	90	58	72	92	96
116	70	100	68	100	66	74	88	90

These findings revealed a rather unstable pressure, there being a drop in the systolic pressure ranging from 14 to 24 points and a drop in the diastolic pressure from 0 to 8 points from the recumbent to the standing position. It was also noted that there was a corresponding rise in pulse rate ranging from 14 to 24 points coincident with the fall in blood pressure.

This case probably was not a true case of postural hypotension due to the fact that the variance in blood pressure on postural change was not marked enough nor did it fall to a sufficiently low level at any time to produce attacks of syncope. I believe, however, it could be considered a border line case and the symptoms which the patient presented were due to a vasomotor imbalance. This patient showed some improvement and was made much more comfortable by taking ephedrine sulphate three-eighths grain (0.024 gm.) three or four times daily.

From the observations made in the management of this case, I decided to note changes in blood pressure and pulse rate as affected by various interrupted changes in posture, starting at a position lower than horizontal and ending with a vertical position, on a group of 50 normal individuals. Studies of the normal circulatory re-

sponse to changes of posture by various methods have been reported by Hill<sup>8</sup>, Kernohan<sup>9</sup>, Mortensen<sup>10</sup>, Schneider<sup>11</sup> and Ghrist<sup>6</sup>.

The above mentioned group comprised 25 men and 25 women, the ages ranging from 18 to 64 years, the average age being 30 plus. The observations were made at the same time each day, between 3 and 4 P. M. The blood pressure cuff was applied to the right arm in each case, the same instrument of a mercury type being used for all observations. The blood pressure apparatus was kept on an approximate level with the patient's heart during all observations. The work was done on a motor driven X-ray table, the approximate angles being 225 degrees, 180 degrees and 90 degrees. The technique of the procedure was explained in detail to each individual so as to avoid the psychic element as much as possible. Two full minutes were allowed between each change of position for stabilization of the circulatory apparatus. The accompanying diagram shows the results obtained.

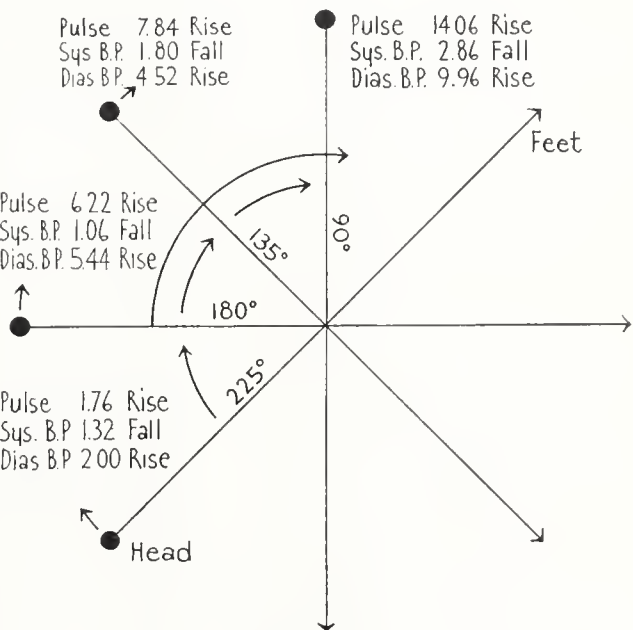


FIGURE 1.

My results showed that the normal responses to interrupted changes in posture from below horizontal to the upright position were a slight fall in the systolic pressure, a definite rise in the diastolic pressure and a definite rise in the pulse rate. An explanation for the rise in pulse rate and rise in diastolic pressure may be stated as follows: in order to overcome the hydrostatic effect of gravity in the upright position, the cardiac rate is increased, also in like manner a vasoconstrictor response takes place in the peripheral circulation, which produces a sufficient rise in the



diastolic blood pressure to preclude the possibility of cerebral anaemia.

### SUMMARY

1. At the present time 17 cases of a definite disease entity termed "postural hypotension" have been reported in the literature. All of these cases presented some of the cardinal phenomena of the disease and all showed a wide variance in blood pressure on change from recumbency to the upright position. This marked change in blood pressure was usually accompanied by attacks of syncope.

2. The case reported in this paper was not one of true postural hypotension, because the variance in blood pressure on postural change was not marked enough and at no time did the pressure fall sufficiently low to produce syncope. The case could be considered a border line case, however, and the symptoms presented were probably due to a vasomotor imbalance. This case responded nicely to ephedrine sulphate.

3. The effect of interrupted changes in posture from a position below horizontal to the upright position was noted on a series of fifty normal individuals with the following results: a slight fall in the systolic pressure, a definite rise in the diastolic pressure and a definite rise in the pulse rate.

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### CORRESPONDENCE

The Editor of The Journal,  
Arkansas Medical Society,  
Fort Smith, Ark.  
Dear Sir:

The following case was new to me and none of the doctors with whom I have discussed it has known what was meant by water-trap stomach until it was explained to them.

The patient was about four months old and had been seen previously by two doctors. There was a history of a cold, upset bowels, and vomiting. The usual treatment cleared up all but the vomiting. "The baby vomits every thing, even mother's milk," said the mother. Projectile vomiting was not present according to the family.

Suspecting pyloric stenosis, however, an X-ray examination was advised. I quote from that report:

"The examination of the stomach showed no obstruction and showed peristalsis to be normal. The stomach is of the water-trap type with the cardia and fundus lying up under the left arch of the diaphragm. When the baby lies on its back or left side, the gastric contents fail to reach the antrum and pyloric ring. This is the only type of obstruction noted and it disappears when the baby is placed on the right side or on its abdomen. The duodenum appears to be normal."

The bowl of our commodes offers the best known example of what a water-trap is.

Keeping this baby off of its back and left side by propping it up after feeding has been the only treatment since the diagnosis was made. This has been satisfactory as a report made a few days ago revealed that there had been no further vomiting.

Yours truly,

HOMER SCOTT, M. D.

### ANNOUNCEMENT

There will be a meeting of a section of the American College of Surgeons, embracing the states of Missouri, Kansas, Arkansas, Iowa, Nebraska, Oklahoma, and Colorado at Kansas City, Missouri, on March 12th and 13th.

The Kansas City surgeons are preparing for a large meeting. There will be entertainment and clinics for members and non-members as well. Arkansas surgeons will be well rewarded for attending.

H. MOULTON, M. D., Counselor  
for State Executive Committee of Arkansas.

## SPECIAL ARTICLE

### SICKNESS INSURANCE CATECHISM\*

#### 1. What Is Sickness Insurance?

Sickness insurance is proposed as a method of distributing the economic burden of sickness. The first purpose was to distribute the burden of unemployment due to sickness. This is still the controlling motive in most of the systems and absorbs the larger part of their resources and determines their organization and administration. Medical service in the beginning was looked on primarily as a means of reducing the burden of cash payments during sickness. This pattern still dominates, although the medical service is now urged as the principal objective. The administrative machinery is still designed to collect, manage and distribute cash. It is in no way suited to administer a medical service.

#### 2. How Does Insurance Affect the Medical Service?

Medical service, unlike cash or material commodities, cannot be collected, stored and distributed without changing its qualities. Its value depends on the relations between the producer (the physician) and the consumer (the patient). Its distribution is a part of the service. The introduction of a third party who is neither physician nor patient is equivalent to adulteration of the service.

#### 3. How Does Sickness Insurance Affect Diagnosis?

Since insurance administration is controlled by cash considerations, quantity, rather than quality, of medical service is stressed. The essentials of a good diagnosis are time, patience, careful attention to details and sympathetic relations between a skilled practitioner and a co-operating patient. Insurance compels haste and tends to create antagonism between patient and physician. By removal of the essentials mentioned, insurance delivers little more than the dregs of a real diagnosis. The effort to substitute for these essentials something that will fit the cash standards of insurance causes exaggerated importance to be given to mathematical and mechanical analyses, pictures, and measurements. But these are only one set of valuable, but often isolated, facts that must be integrated with the personal interview, history and individual examination through the knowledge and ex-

perience of the physician. Insurance tends to restrict this most vital part of the diagnosis.

#### 4. How Does Insurance Affect Treatment?

Insurance almost inevitably leads to overmedication. It has become well-nigh proverbial that the diagnosis and treatment provided in insurance systems consists of a "look and a bottle." Insurance seeks to check the steadily rising cost of drugs by the application of cash standards through restrictions on prescribing. Since sick individuals and scientific medical service do not fit these standards, treatment is hampered while the evil of unnecessary medication remains.

#### 5. Do the Best Physicians Enter Insurance Practice?

The Germans have a saying that "insurance service is always second class." While there are many individual exceptions, few would deny that in countries which have sickness insurance the median level of ability is lower among insurance than private practitioners. Although the British Medical Association favors insurance, and the conditions of practice are less unsatisfactory than in almost all other systems, only about half of the licensed practitioners have expressed a willingness to enroll under the insurance regulations.

#### 6. Does Insurance Decrease the Amount of Sickness Among the Insured?

Few achievements of the modern scientific age are more striking than the conquest of once widespread diseases in the progress of medical discovery. A host of diseases like smallpox, yellow fever, malaria and typhoid fever, which were once among the largest causes of sickness and death, have been abolished or reduced to a fraction of their former importance. In many others, improved methods of treatment have shortened the period of recovery. While morbidity statistics are inadequate in the United States, such evidence as is available indicates a decline in the amount of serious sickness from a number of cases. Although most of the advances in medicine, together with the improvements in sanitation and public health measures that are characteristic of modern civilization, are found in countries having sickness insurance, yet among the insured under practically every system the records show a constant increase of morbidity. This increase is not entirely due to the demand for "certificates of incapacity to work," required to secure cash benefits. This constitutes such a large and growing evil that in nearly every country having a

\* Prepared by the Bureau of Medical Economics, American Medical Association, Chicago.



sickness insurance system there is developing a strong and increasing movement for a complete separation of cash and service benefits. The increase in sickness among the insured is due to a deep inherent evil in insurance. Various studies of fairly large numbers of patients have led to the conclusion that from 40 to 75 per cent of all illnesses are complicated by mental disturbances. Insurance methods of treatment make almost impossible the patience, time, careful investigation and lengthy care with close personal relations that such patients require. Moreover, as studies of many systems have shown, insurance actually arouses conflicts, anxieties and desires that aggravate existing illnesses and create a host of new ones which cannot be treated properly by the methods that prevail under insurance. Prepayment for medical care, especially over a long period, creates a desire to "get something back" in the form of such care. This desire to "get something back" has a tendency to create the sickness that is the condition of obtaining the coveted service. This is not malingering nor even quite the same as the "traumatic neuroses" that cause so much trouble in workmen's compensation practice. In the latter cases there is at least a real or imagined injury as a beginning. But the cases under insurance are originated by insurance. Every sickness insurance system furnishes ample illustrations of these harmful developments. Physicians practicing in the German system estimate that from 30 to 50 per cent of the cases treated are created or aggravated by this situation. Fifty years of this system in the period of greatest medical progress in the war on disease has almost trebled recorded "morbidity" among the German insured.

#### **7. Does Insurance Increase the Practice of Preventive Medicine?**

Even the most enthusiastic advocates of insurance admit that sickness insurance has done little to develop or encourage measures for the prevention of disease. Individual immunization, regular health examinations and measures for the detection and treatment of incipient disease are, in all insurance countries, largely dependent on other agencies than insurance. The insurance practitioner is too hurried and is held too closely by restrictions imposed by administrators to give much attention to preventive work. Such preventive work is more extensive, reaches a larger percentage of the population and is better supported by the general public and the medical profession in the United States than in countries having compulsory sickness insurance.

#### **8. Does Sickness Insurance, by Furnishing Unlimited Free Medical Service, Encourage the Detection and Treatment of Incipient Disease?**

It is highly probable that even the superficial examinations encouraged by insurance methods detect some such diseases that might not otherwise have been brought to medical attention. There are many physicians practicing under insurance whose professional integrity and scientific ability enable them to overcome the conditions encouraged by insurance and to select for thorough diagnosis those threatened by serious disease. It is somewhat significant that none of the often over-enthusiastic propagandists of insurance have ever collected any facts to demonstrate whether cancer or tuberculosis, for example, are more frequently detected at an early stage among the insured than among the noninsured. On the other hand, many physicians with experience under insurance declare that the flood of patients with imaginary or trivial complaints, or who come only to prove they are sick in order to draw cash relief or to "get something back" from their contributions, that crowd the office of an insurance physician not only compel a tendency toward hasty or superficial diagnosis but lead to suspicion of the actuality of symptoms described by the patient, and a disbelief in the existence of serious disease. The whole economic organization of insurance encourages attitudes and conditions hostile to a thorough detection of incipient disease.

#### **9. Does Sickness Insurance Lower the Death Rate?**

The progress of medical science has been marked in every modern nation by a more rapid decline in mortality during the last half century than in any of the preceding centuries. The application of the triumphs of surgery, epidemiology, immunization and the advances in diagnosis and treatment in a multitude of directions has added a score of years to the average life. Where these advances in medical science have been utilized in public health work and private practice it is possible to demonstrate statistically their effect in reducing the death rate. But the advocates of insurance have not been able to show a similar statistical connection between the introduction or extension of insurance and a decline in the death rate.

#### **10. Does Sickness Insurance Reduce the Cost of Medical Care?**

Before this question can be answered properly it is necessary to have some comparative stand-

ards of medical care. These do not exist. It is certain that the first effect of insurance is to divert a considerable share of the contributions for medical care to costs of administration. In Germany (almost the only country where such statistics are available) there are more sickness insurance administrators than physicians in the scheme. The physician must spend a considerable portion of his time as a routine clerical worker filling out the numerous blanks and reports required. Not only is this a wasteful use of professional skill but it still further reduces the already scanty time available for medical service and prevents the continuous study essential to good medical service. While no comparative statistics are available, and probably would be impossible to gather, all obtainable information seems to lead to the conclusion that, considering all national differences, no less sums are spent for medical care for the insured than are spent by the uninsured, with the same economic resources.

#### **11. How Are Physicians Chosen for Insurance Practice?**

There are wide differences in the various systems. In some there are so many restrictions and conditions that the physician is practically selected by the administrators. Where this is true and insurance is compulsory for a large portion of the population, it amounts to a secondary system of licensure, the conditions of which are acceptance of rules and regulations often established for reasons other than the furtherance of good medical practice. In the French, English and Scandinavian systems any licensed physician may enter insurance practice by simply agreeing to meet the condition set up by the law.

#### **12. How Do the Indigent Receive Medical Care Under Sickness Insurance?**

Insurance leaves almost untouched the entire problem of care for the indigent sick who are not eligible to the benefits of sickness insurance systems. In no country has it perceptibly decreased expenditures for this purpose.

#### **13. What Has Been the Effect of Insurance on the Medical Profession?**

Economically its first effect in many countries was to increase somewhat the incomes of physicians whose practice was largely confined to the low income classes. Many patients who had hitherto paid nothing for medical care now had something paid for them through insurance. Later, in most systems, the income of physicians in insurance practice was reduced and at the

same time the field for private practice had become so contracted that the total average of income was lower. Almost any system would have improved the conditions of English physicians where "medical clubs" prevailed. The members of these clubs paid a few cents weekly or monthly for which physicians agreed to give a sort of medical care. One of the arguments for insurance was that it would abolish the abuses of the "clubs," but these are now returning on a large scale in spite of insurance, and bringing nearly all the old abuses with them. In England, where only the actual worker and not his dependents are covered by insurance, the average income of panel physicians from insurance is little over \$2,000 a year, out of which he must pay the expenses of his practice. These physicians still have some private practice, but proposals now being considered to extend that system will further restrict this field of independent private practice. The panel physician is paid a little over \$2 per person annually and must therefore have approximately 1,000 persons on his panel in order to receive \$2,000. Payment for physicians under the English system is generally considered to be better than under any other system. The number of persons per physician in the United States is a little over 800.

#### **14. What Is the Effect of Insurance on Graduate Study of Physicians?**

Medical progress is so rapid as to require constant study by the physician who wishes to use the most approved methods of diagnosis and treatment. Many state medical societies in the United States spend a considerable amount of their time and energy in furnishing their members with facilities for postgraduate study and in encouraging their members in all forms of professional improvement. Administrators of insurance systems also encourage a form of graduate study. They establish institutions to teach how to make out insurance reports, to detect malingering, to keep down the cost of prescribing and to meet the regulations provided by insurance. The physician who spends his time in this kind of study has little additional time left from his overworked insurance practice to keep up with scientific advance.

#### **15. Has It Been Possible to Apply a Uniform Health Insurance System Throughout the Countries in Which These Systems Have Been Adopted?**

In nearly every country, local conditions have forced modifications of the general plan. The



mountainous sections of Switzerland, the Highlands and Islands of Scotland, the farming sections of France and the miners of Germany are examples of conditions where the general system had to be greatly modified or entirely discarded to meet local conditions. There are as wide diversities in almost any of the states of the United States as are to be found in European countries. It is quite certain that the best possible general plan that could be devised could not be adjusted to all the varying conditions throughout the United States or even in different sections within many of the states.

#### **16. Who Have Been the Advocates of Sickness Insurance?**

The most significant general fact is that in no country have either the physicians who are to give the service or the proposed beneficiaries of that service ever asked for it. In most countries its introduction was opposed by both groups. In a few countries in recent years, where voluntary insurance societies had been organized among laborers and found themselves in financial difficulties, these societies were able to secure the support of their members and sometimes of the political parties of labor for state subsidies and then for a compulsory system. The demand in these cases does not appear to have come from the membership but from the officials of the societies that were in financial difficulties and from the labor politicians who saw in the societies an extensive political machine. The first advocates of sickness insurance have almost always been social workers and philanthropists. These groups and individuals see in sickness insurance a simplification of their work in providing medical relief. Neither are they blind to the fact that the introduction of a system of sickness insurance will involve the employment of large numbers of such social workers.

#### **17. Have Sickness Insurance Systems Become Involved in Politics?**

In every country having such a system, the administrations of insurance have developed into powerful political machines. When benefits are distributed to individuals through an extensive administrative machinery with many employees, the whole scheme tends to become a gigantic political machine. This always has evil effects on the quality of the medical service. Patients are not able to judge the quality of medical service. They prefer free drugs to thorough diagnosis, and the politicians will give them what they want without regard to the effect on their

health. This has been the tendency in nearly every system of sickness insurance.

#### **18. What Is the Position of the Organized Medical Profession on Sickness Insurance?**

The medical profession has always maintained that its mission is to fight disease and guard the health of the people. It is to medicine and the scientific achievements encouraged by it that the world owes its amazing progress in the battle against disease. Organized medicine in the United States has been responsible for the origin of public health departments and the constantly rising standards of medical education, licensure and hospital practice. While every other occupation avows its mission to be the improvement of the economic conditions of its members, the medical profession has always insisted that its main mission is to protect the welfare of the individual and of the public. Individual physicians are human beings with all the weaknesses of human beings. But the organized profession has always maintained that the quality of medical service, the safeguarding of the public health, and the destruction of disease should be first. It is from this point of view and with a record of more than a thousand years of adherence to these principles that organized medicine approaches the question of insurance.

In no country has the organized medical profession declared itself against the principle of insurance as a method of payment for medical service. Nowhere has organized medicine based its position in regard to any medical question on economic grounds. The medical profession has not judged sickness insurance simply as a means for removing the economic obstacles to securing some sort of medical service. On the contrary, the medical profession views sickness insurance systems and proposals as a means by which lay interests, with a record that shows no such willingness to relinquish economic advantages as does the history of the medical profession, seek to gain control of the practice of medicine.

Medical associations in the United States are interested in the operation of insurance systems in all other countries, not so much from the economic effect on physicians or patients (although this phase has not been neglected) but chiefly with regard to the character of the medical service given, its effect on the general health of the insured and its influence on the standards of medical practice. The medical associations of insurance countries have co-operated faithfully

in trying to protect the health interests of the insured. It is significant that the advocates of insurance in the United States always offer as the best examples of insurance just those systems in which the medical associations, always only by hard fighting, succeeded in introducing provisions to safeguard the character of the medical service and to mitigate some of the evils inherent in sickness insurance. It is also significant that the same advocates oppose all proposals to include such safeguarding provisions in the schemes urged for the United States.

**19. Has Organized Medicine Been Indifferent to the Problem of Medical Care for the Low Income Classes?**

An estimate based on numerous though somewhat limited studies places the value of services donated by the physicians of the United States to the care of the indigents and low income classes during the last few years at about one million dollars a day. Practically every institution offering service to these classes depends for its existence on the donated services of physicians. Reports from many studies indicate that in spite of the amount of medical care paid for at almost nominal rates by the FERA, by far the larger portion of the care actually received by the unemployed and many others not eligible to FERA benefits during the past year was given without charge by physicians. Certainly if there is any section of the people that has not been indifferent to the problem of medical care for indigents it has been the organized medical profession of the United States. State and county medical societies throughout the entire country are trying to find the best method of giving good medical care to those unable to pay for it. A number of the experiments that offer the best promise of meeting this situation have been originated and are now being conducted by such medical societies. In all this discussion and experimenting, the fundamental necessity of maintaining the conditions on which good medical service depends has been kept uppermost. These experiments have shown that many of the methods of furnishing medical service by some of the proposed systems destroy the fundamental conditions of good service. For that reason organized medicine has opposed or sharply criticized the wholesale plans offered by social workers, philanthropists, employers and laymen, very few of whom have proved their devotion to those in whose interest they claim to act by any such economic sacrifice as has been made by members of the medical profession.

## STATEMENT OF POLICY

### REPORT OF THE REFERENCE COMMITTEE Special Session House of Delegates of the American Medical Association, Chicago, February 15 and 16, 1935

Your reference committee, believing that regimentation of the medical profession and lay control of medical practice will be fatal to medical progress and inevitably lower the quality of medical service now available to the American people, condemns unreservedly all propaganda, legislation or political manipulation leading to these ends.

Your reference committee has given careful consideration to the record by the Board of Trustees of the previous actions of this House of Delegates concerning sickness insurance and organized medical care and to the account of the measures taken by the Board of Trustees and the officials of the Association to present this point of view to the government and to the people.

The American Medical Association, embracing in its membership some 100,000 of the physicians of the United States, is by far the largest medical organization in this country. The House of Delegates would point out that the American Medical Association is the only medical organization open to all reputable physicians and established on truly democratic principles, and that this House of Delegates, as constituted, is the only body truly representative of the medical profession.

The House of Delegates commends the Board of Trustees and the officers of the Association for their efforts in presenting correctly, maintaining and promoting the policies and principles, heretofore established by this body.

The primary considerations of the physicians constituting the American Medical Association are the welfare of the people, the preservation of their health and their care in sickness, the advancement of medical science, the improvement of medical care, and the provision of adequate medical service to all the people. These physicians are the only body in the United States qualified by experience and training to guide and suitably control plans for the provision of medical care. The fact that the quality of medical service to the people of the United States today is better than that of any other country in the world is evidence of the extent to which the



American medical profession has fulfilled its obligations.

The House of Delegates of the American Medical Association reaffirms its opposition to all forms of compulsory sickness insurance whether administered by the Federal government, the governments of the individual states or by any individual industry, community or similar body. It reaffirms, also, its encouragement to local medical organizations to establish plans for the provision of adequate medical service for all of the people, adjusted to present economic conditions, by voluntary budgeting to meet the costs of illness.

The medical profession has given of its utmost to the American people, not only in this but in every previous emergency. It has never required compulsion but has always volunteered its services in anticipation of their need.

The Committee on Economic Security, appointed by the President of the United States, presented in a preliminary report to Congress on January 17 eleven principles which that Committee considered fundamental to a proposed plan of compulsory health insurance. The House of Delegates is glad to recognize that some of the fundamental considerations for an adequate, reliable and safe medical service established by the medical profession through years of experience in medical practice are found by the Committee to be essential to its own plans.

However, so many inconsistencies and incompatibilities are apparent in the report of the President's Committee on Economic Security thus far presented that many more facts and details are necessary for a proper consideration.

The House of Delegates recognizes the necessity under conditions of emergency for federal aid in meeting basic needs of the indigent; it deprecates, however, any provision whereby federal subsidies for medical services are administered and controlled by a lay bureau. While the desirability of adequate medical service for crippled children and for the preservation of child and maternal health is beyond question, the House of Delegates deplores and protests those sections of the Wagner Bill which place in the Children's Bureau of the Department of Labor the responsibility for the administration of funds for these purposes.

The House of Delegates condemns as pernicious that section of the Wagner bill which creates a social insurance board without specification of the character of its personnel to admin-

ister functions essentially medical in character and demanding technical knowledge not available to those without medical training.

The so-called Epstein Bill, proposed by the American Association for Social Security now being promoted with propaganda in the individual states, is a vicious, deceptive, dangerous and demoralizing measure. An analysis of this proposed law has been published by the American Medical Association. It introduces such hazardous principles as multiple taxation, inordinate costs, extravagant administration and an inevitable trend toward social and financial bankruptcy.

The committee has studied this matter from a broad standpoint, considering many plans submitted by the Bureau of Medical Economics as well as those conveyed in resolutions from the floor of the House of Delegates. It reiterates the fact that there is no model plan which is a cure-all for the social ills any more than there is a panacea for the physical ills that affect mankind. There are now more than 150 plans for medical service undergoing study and trial in various communities in the United States. Your Bureau of Medical Economics has studied these plans and is now ready and willing to advise medical societies in the creation and operation of such plans. The plans developed by the Bureau of Medical Economics will serve the people of the community in the prevention of disease, the maintenance of health and with curative care in illness. They must at the same time meet apparent economic factors and protect the public welfare by safeguarding to the medical profession the functions of control of medical standards and the continued advancement of medical educational requirements. They must not destroy that initiative which is vital to the highest type of medical service.

In the establishment of all such plans, county medical societies must be guided by the ten fundamental principles adopted by this House of Delegates at the annual session in June 1934. The House of Delegates would again emphasize particularly the necessity for separate provision for hospital facilities and the physician's services. Payment for medical service, whether by prepayment plans, installment purchase or so-called voluntary hospital insurance plans, must hold, as absolutely distinct, remuneration for hospital care on the one hand and the individual, personal, scientific ministrations of the physician on the other.

Your Reference Committee suggests that the Board of Trustees request the Bureau of Medical Economics to study further the plans now existing and such as may develop, with special reference to the way in which they meet the needs of their communities, to the costs of operation, to the quality of service rendered, the effects of such service on the medical profession, the applicability to rural, village, urban and industrial population, and to develop for presentation at the meeting of the American Medical Association in June model skeleton plans adapted to the needs of populations of various types.

(Signed)

DR. HARRY H. WILSON,  
Chairman, California.

DR. WARREN F. DRAPER,  
Virginia.

DR. E. F. CODY,  
Massachusetts.

DR. E. H. CAREY,  
Texas.

DR. N. B. VAN ETEN,  
New York.

DR. F. S. CROCKETT,  
Indiana.

DR. W. F. BRAASCH,  
Minnesota.

## RESOLUTIONS

Whereas, God in His infinite wisdom has taken from our midst, Dr. Frank E. Hurrle, a beloved fellow member of the Pulaski County Medical Society; and

Whereas, Dr. Hurrle by his wise and sympathetic efforts rendered invaluable services, and justly earned the gratitude of all the members, be it therefore,

Resolved, that in the death of Dr. Hurrle, we have been deprived of a very valuable friend and helper; that we have lost one who shed lustre on our organization, on the medical profession, on our state, and on our city, be it

Resolved, that we extend to Mrs. Hurrle, to the members of the family, and to his friends sincere sympathy in their hour of sorrow, and be it further

Resolved, that as an expression of our sympathy, a copy of these resolutions be spread upon the minutes of this organization, that a copy be given to the Journal of the Arkansas Medical Society, and that a copy be sent to Mrs. Hurrle and the members of the late Dr. Hurrle's family.

The above resolutions were passed unanimously by the Pulaski County Medical Society in regular session on February 4, 1935.

M. E. McCASKILL, M. D., Chmn.  
PAT MURPHEY, M. D.,  
H. A. DISHONGH, M. D.,  
Committee.

## RESOLUTIONS

Whereas, God in His infinite wisdom has suddenly taken from us our friend and colleague, Dr. William H. Miller; and

Whereas, Dr. Miller endeared himself to us by his genial personality, his kindness, cheerfulness, sympathy, and ever-willing spirit to assist us in our difficulties;

The courageous spirit exhibited by him in continuing with his work to the day of his death although knowing as he did that any moment might be his last is worthy of our emulation. His entire lifetime was devoted to others and he has left us such a rich heritage of memory that we find it difficult to realize that he is gone.

Therefore, Be it resolved, that the Pulaski County Medical Society in session assembled express our appreciation for the noble work that Dr. Miller has done; that we as a society feel a sense of personal loss and shall ever cherish his memory.

Be it further resolved, that we express our sympathy to Mrs. Miller for her irreparable loss; and that a copy of this resolution be sent to her; that a copy of this be spread on the minutes of the society and a copy be published in the Journal of the Arkansas Medical Society.

The above resolutions were passed unanimously by the Pulaski County Medical Society in regular session on February 4, 1935.

M. E. McCASKILL, M. D., Chmn.  
PAT MURPHEY, M. D.,  
H. A. DISHONGH, M. D.,  
Committee.

## RESOLUTIONS

Whereas, the Almighty Father of the Universe, the Giver of all good and perfect gifts, has seen fit to remove from our midst our friend and colleague, Dr. Leslie A. Purifoy,

And whereas, the community has suffered a distinct loss and that his many admirable qualities and advice will be greatly missed by all,

Now therefore, be it resolved by the Union County Medical Society and by the Staff of the Warner Brown Hospital, that we offer to his father, Dr. W. A. Purifoy of Chidester, and to his uncle, Dr. L. L. Purifoy, our deep appreciation of him as a man and as a physician, and that express to them and to his family our profound sympathy and with them we humbly bow our head in submission to the will of Him who doeth all things well.

Be it further resolved that a copy of these resolutions be spread on the minutes of the Society, and that a copy be sent to Dr. W. A. Purifoy, Dr. L. L. Purifoy, the Arkansas Medical Society, and the American Medical Association.

UNION COUNTY MEDICAL SOCIETY,

F. O. MAHONY,  
G. D. MURPHY,  
BERRY L. MOORE,

Committee.

A preacher's wife gets a raw deal. Clients don't expect a lawyer's wife to behave like a lawyer.—Fountain Inn, S. C., Tribune.



THE JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules  
of the Council on Pharmacy and Chemistry of the American  
Medical Association.

All communications to this Journal must be made to it exclu-  
sively. Communications and items of general interest to the pro-  
fession are invited from all over the State. Notice of deaths,  
removals from the State, changes of location, etc., are requested.

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**Auxiliary**—L. J. Kosminsky, Chairman, Texarkana (1935); W. T. Wootton, Hot Springs National Park (1936); C. S. Holt, Fort Smith (1937).

**Cancer Control**—D. W. Goldstein, Chairman, Fort Smith (1937); R. L. Saxon, Little Rock (1936); L. A. Purifoy, El Dorado (1935).

Membership in the county medical society guarantees to the public, the law and the medical profession that one is in good standing. It places the stamp of approval on its members. Wherefore, we must beware that only the eligible are so approved, and we must not allow the ineligible to practice.—Bulletin of the Medical Society of the County of Kings.

EDITORIAL

COMPULSORY SICKNESS INSURANCE

The Special Session of the House of Delegates of the American Medical Association held in Chicago February 15th and 16th has made emphatic and clear the opposition of organized medicine to all forms of compulsory sickness insurance and the regimentation of medicine. The officers and trustees deemed it wise to convene this special session because of widespread, deceptive and insidious propaganda favoring governmental sickness insurance. It was felt that there might be some disposition on the part of the component state associations for modification of the Ten-Point Plan adopted at Cleveland in 1934. No such disposition was evident among the delegates, the report of the reference committee being adopted unanimously. Printed elsewhere in this issue, their report is a temperate exposition of the ideals of organized medicine. There can be no misunderstanding the opposition with which medical organization views the governmental or lay supervision and control of medical service.

There is no claim of perfection on the part of the profession for the present scheme of medical practice. Change is inevitable. Medicine has always adapted itself to the social and economic order in which it finds itself. This it can continue to do only if freed of politicalized regulation and control. There is no opposition on the part of the profession to the proper study and trial of experimental plans for medical care in changed form. But medicine will vigorously defend its personal rights which are ignored by lay workers who have nothing better to offer than state medicine.

The principles formulated by the American Medical Association are economically and professionally sound. The way is left clear for county and state societies to adopt such plans as are feasible, honest, and fair, for the provision of medical service under new forms to such communities as may be in need of change.

Of 150 plans now under trial, no one is applicable on even a limited national scale. The diversity of geographical features, the distribution of the population, the character of industry, and many other factors so operate in this broad land of ours as to prevent the satisfactory functioning of any one of these plans in all sections.

Of major importance in the nation-wide care of the ill are the provisions for the care of the

indigent, strangely overlooked in all socialized plans presented to date. That such care has been furnished almost entirely by the generosity of the medical profession in the past may explain the social worker's failure to include these patients when arranging for the care of the rest of the population.

The medical profession must now take an unequivocal stand. We must present a unity of opinion that cannot be misunderstood or misinterpreted. There must be no doubt in the minds of the public and of our legislators as to our undivided stand. This becomes the duty of each county medical society; of YOU and I. First, BECOME INFORMED; then INFORM OTHERS!

### EDITORIAL COMMENT

The action of the House of Delegates of the American Medical Association at its special session makes it imperative that all physicians become fully informed on all phases of sickness and health insurance. The Journal has repeatedly emphasized the necessity of an informed, aggressive medical profession if control of medical service is to remain in professional hands. County societies are requested to devote a meeting to a consideration of this subject; individual members are urged to read all the available literature on both sides of the question. This issue carries "Sickness Insurance Catechism" as prepared by the Bureau of Medical Economics of the American Medical Association, previously distributed in pamphlet form to the secretaries of all county societies. Printed in The Journal, it becomes available to all members for a close study. It is commended to you for thoughtful reading, for your better information on this vital problem now facing the medical profession.

The attention of county society secretaries is called to the provisions of the Constitution in Section 3 of Chapter IV: "Each component county society shall be entitled to send to the House of Delegates each year one delegate for every twenty-five members, and one for each major fraction thereof, provided that its annual report and assessments are in the hands of the Secretary thirty days prior to the annual meeting." At this date, a number of the county societies have not made report of membership while others have made incomplete reports. Representation is based upon these reports and it is urged that every possible member be reported as a paid member prior to March 15th. There seems to be no valid reason why the annual assessment

can not be paid now as well as later on in the year. Prompt payment of dues is the obligation of each member. The Constitution further provides that no member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of Section 3, Chapter I, i.e., presents evidence of 1935 membership.

### CORRECTION

Members are requested to note the following correction in the Constitution and By-Laws as printed in the February issue of The Journal. Article V should read: "The House of Delegates shall be the legislative body of the Society, and shall consist of: (1) Delegate elected by the component county societies; (2) the Councilors; and (3) ex-officio, the President, Secretary and Past-Presidents of the Society; provided, however, that the Past-Presidents shall have the power of voting on all subjects except the election of officers."

### COMMERCIAL ANNOUNCEMENT

The Dallas Southern Clinical Society holds its Seventh Annual Clinical Conference at the Baker Hotel, March 18th-22nd, 1935. The General Assembly addresses of the distinguished guest speakers will be scheduled at 8:00 o'clock each morning, followed by the post-graduate lectures, with time for visiting the Technical and Scientific Exhibits before luncheon. During the round table luncheon conferences, distinguished guests will answer questions, followed by the afternoon hotel clinics, including the fracture clinic on Monday by Dr. H. Earle Conwell. A symposium Monday night, open to the public with Dr. Douglas Quick's address on "Cancer," and Dr. E. T. Bell on "Bright's Disease," and Reverend H. Lee on "Science and Religion." Tuesday night there will be two symposia; one on "Malignant Disease of the Head and Neck," Dr. Douglas Quick, and the second on "Acute Intestinal Obstruction," Dr. Waltman Walters and Wednesday night there will be a symposia on "Heart Failure," Drs. M. Bodansky, E. T. Bell and Louis Hamman. On Tuesday afternoon there will be a Clinical Pathological Conference on "Renal Disease," by Drs. Hamman and Bell, and on Thursday a Clinical Bio-Chemical Conference on "Thyroid Disease," by Drs. Bodansky and Walters.

### ITS QUICK ACTION PREVENTS DEFORMITIES

No antirickatic substance will straighten bones that have become misshapen as the result of rickets. But Mead's Viosterol (plain or in Halibut Liver Oil) can be depended upon to prevent rickatic deformities. This is not true of all antirickatic agents, many of which are so limited by tolerance or bulk that they cannot be given in quantities sufficient to arrest the rickatic process promptly, with the result that the bones are not adequately calcified to bear weight or muscle-pull and hence become deformed.



## PROCEEDINGS OF SOCIETIES

The annual banquet session of the Johnson County Medical Society was held January 31st with G. R. Siegel acting as toastmaster. Dr. W. R. Hunt gave the address of welcome and the following scientific program was presented: "Undulant Fever," S. C. Fulmer, Little Rock, and "Cellulitis," F. H. Krock, Fort Smith. Guests of the Society were: Drs. A. A. Blair, W. R. Brooksher, F. W. Carruthers, Robt. Caldwell, K. W. Cosgrove, M. S. Dibrell, H. C. Dorsey, Thos. Douglas, M. E. Foster, S. C. Fulmer, L. Gardner, J. K. Grace, S. C. Grant, A. J. Hansberry, E. J. Haster, C. S. Holt, Robt. Hood, C. H. Kennedy, O. J. Kirksey, F. H. Krock, M. E. McCaskill, Roy Millard, R. A. Milliken, E. C. Moulton, W. V. Newman, J. C. Ogden, J. L. Post, J. F. Shuffield, John M. Smith, S. P. Stubbs, E. H. White, and J. A. Wigley.

The Arkansas County Medical Society met in dinner session at DeWitt on February 12th for the following program: "Heart Disease," Joseph Roe, Little Rock, and "Pneumonia in Children," Dr. Phillips, Little Rock.

Carroll County Medical Society has elected the following officers: President, J. F. John, Eureka Springs; Secretary-treasurer, A. L. Carter, Berryville; Delegate, D. K. McCurry, Green Forest; and Alternate, R. H. Huntington, Eureka Springs.

Boone County Medical Society met at Harrison on February 11th, electing the following officers: President, J. G. Gladden, Western Grove; 1st Vice-president, L. Lloyd Jackson, Harrison; 2nd Vice-president, G. K. Sims, Harrison; Secretary-treasurer, W. H. Poynor; Delegate, J. H. Fowler, Harrison; Alternates, J. G. Gladden and W. H. Poynor. Drs. J. Lloyd Jackson, Ulys Jackson and Henry Kirby of Harrison, and J. W. Sexton, Mount Judea, have been elected to membership.

W. H. POYNOR, Secretary.

The meeting of Sebastian County Medical Society on February 12th was devoted to a discussion of health insurance proposals with J. A. Foltz as speaker.

The Mississippi County Medical Society was addressed at its February 5th meeting by Memphis physicians as follows: "Hodgkin's Disease,"

C. H. Heacock; 'Allergy in General Practice,' W. C. Chaney; and "Management of Congestive Heart Failure," O. T. Warr. Drs. E. H. Cox, Wilson, and M. L. Cantrell, Luxora, were elected to membership.

F. D. SMITH, Secretary.

Speakers at the annual Ladies' Night of the Ouachita County Medical Society were: Wm. Hibbitts, Texarkana, W. R. Thrasher and J. S. Rinehart, Camden, and Mrs. Wm. Hibbitts.

E. H. White and Joe Shuffield, Little Rock, addressed the Saline County Medical Society at a dinner session held in the home of C. W. Jones, Benton, on February 6th.

## EDUCATIONAL MATERIAL ON CANCER AVAILABLE IN ARKANSAS

### SLIDES

- Tumors of the Breast (medical).....1. Dr. H. S. Thatcher  
2. Dr. Dewell Gann, Jr.  
Tumors of the Uterus (medical) 1. Dr. H. S. Thatcher  
2. Dr. Dewell Gann, Jr.

### FILM STRIPS

- Tumors of the Breast (medical).....1. Dr. D. W. Goldstein  
2. Dr. Dewell Gann, Jr.  
Tumors of the Uterus (medical)...1. Dr. Dewell Gann, Jr.  
"Fight Cancer With Knowledge" 1. Dr. H. S. Thatcher  
(for women's clubs, luncheon 2. Dr. Dewell Gann, Jr.  
clubs and other lay audiences) 3. Dr. D. W. Goldstein  
"Cancer: Its Life History and  
Practical Measures for Its  
Control" (for university stu- 1. Dr. H. S. Thatcher  
dents, nurses, etc.).....2. Dr. D. W. Goldstein

- FILM STRIP PROJECTORS.....1. Dr. H. S. Thatcher  
2. Dr. Dewell Gann, Jr.  
3. Dr. D. W. Goldstein

### FILM AND PROJECTOR (movie)

- 8-minute Canti film (for medical profession, medical students, nurses, etc.).....1. Dr. H. S. Thatcher

### SYMPOSIA ON TUMORS OF

- BREAST AND UTERUS 1. Dr. D. W. Goldstein  
Complete program for county 2. Dr. R. L. Saxon  
medical societies on request....3. Dr. L. A. Purifoy

### Obtainable from:

- Dr. H. S. Thatcher, University of Arkansas School of Medicine, Little Rock.  
Dr. Dewell Gann, Jr., 215 East 6th Street, Little Rock.  
Dr. D. W. Goldstein, 100 South 13th Street, Ft. Smith.  
Dr. R. L. Saxon, 701 Main Street, Little Rock.  
Dr. L. A. Purifoy, Oak and Cordell Street, El Dorado.

Nature tried to make us wise. The ears stay open, but the mouth stays shut if you give it a chance.—Fountain Inn, S. C., Tribune.

## PERSONALS AND NEWS ITEMS

Walter G. Eberle, Fort Smith, has been appointed a member of the National Rehabilitation Committee of the American Legion.

Geo. F. Jackson, Little Rock, attended a dermatological clinic in New Orleans during January.

"Increased Irritability of the Gastro-Intestinal Tract: A Discussion of Disturbed Physiology," by B. A. Rhinehart, Little Rock, appeared in the January issue of Radiology.

The American College of Physicians has elected to Fellowship, Gordon Hastings, Little Rock, and to Associateship, Wm. B. Grayson, Little Rock.

C. H. Nims, Hot Springs National Park, has been re-appointed Counselor for Arkansas of the Radiological Society of North America.

At the organization meeting held February 1st, The Arkansas Coroner's Association elected the following officers: President, Lawson C. Aday, Little Rock; Vice-president, A. S. J. Collins, Monticello, and Secretary-treasurer, H. A. Dishongh, Little Rock.

R. B. Robins, Camden, was elected Vice-president for Arkansas of the Mid-South Post Graduate Assembly at its February meeting held in Memphis.

John Smith, Russellville, is coaching the Arkansas Tech boxing team.

The American Board of Radiology has certified the following as Diplomates: W. R. Brooksher, Fort Smith, Radiology; David LeVine, El Dorado, Diagnostic Roentgenology; and D. A. Rhinehart, Roentgenology.

Joe F. Shuffield, President of the Pulaski County Medical Society, attended the recent special session of the House of Delegates of the American Medical Association.

The Journal offers sympathy to Dr. C. N. Martin, Warren, in the loss of his wife which occurred on February 12th, and to Dr. J. B. Jameson, Camden, in the loss of his father on February 16th.

C. A. Henry has resigned as Director of the Saline County Health Unit and D. W. Fulmer, Little Rock, has been placed in charge.

"The Pathology of Avitaminosis," by Harvey S. Thatcher, Little Rock, appears in the February issue of the Illinois Medical Journal.

M. A. Baltz, Pocahontas, has opened a medical clinic in the Randolph Hotel.

H. King Wade was installed as President of the Mid-South Post Graduate Medical Assembly in session at Memphis during February.

J. L. Post, Altus, has recovered from injuries received in an automobile accident on February 3rd.

A. C. Shipp addressed the Woman's Auxiliary to the Pulaski County Medical Society January 16th on "Medical Economics."

W. T. Lowe and J. S. Jenkins have been elected President and Secretary-treasurer, respectively, of the Davis Hospital Staff, Pine Bluff.

I. R. Johnson, Blytheville, is taking post-graduate work in Harvard Medical School.

"A New Type Fracture Band," by F. Walter Carruthers appeared in the January issue of The Journal of Bone and Joint Surgery. This paper was presented before the American Academy of Bone and Joint Surgeons in New York, January 14th.

"The Menorrhagias of Nineteen Thirty-Three" by Drs. Dewell Gann, Jr., and C. C. Reed, Jr., appears in the February issue of The Mississippi Doctor."

S. J. Wolfermann, Fort Smith, and B. A. Rhinehart, Little Rock, addressed the Muskogee (Oklahoma) Academy of Medicine at its sessions held February 26th and 27th. Dr. Wolfermann spoke on "Medical and Surgical Significance of Jaundice" and "Recent Advances in Therapy of Duodenal Ulcer." Dr. Rhinehart's subjects were "Human Dietary Requirements" and "Functional Disorders of the Gastro-intestinal Tract."

Dr. C. A. Henry, formerly Health Director of Saline County, is under treatment at State Sanatorium.



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## OBITUARY

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WILLIAM H. MILLER, aged 67, a practicing physician and surgeon of Little Rock for 45 years, died of a heart attack at his home January 24th. Dr. Miller had been suffering from a heart ailment but held office hours and visited his patients as usual the day before his death. Born May 8, 1867 in Lebanon, Tennessee, the son of Dr. Wesley G. Miller, a physician and Methodist minister, and Miss Nannie Hamilton, his preliminary education was received in Tennessee and Missouri and he graduated from the University of Arkansas School of Medicine in 1888 at the age of 21. He served an internship at Bellevue Hospital, New York City. At the time of his death he was professor emeritus of obstetrics of the University of Arkansas School of Medicine as well as a member of the staffs of the Little Rock hospitals. He was a member of the Pulaski County and Arkansas Medical Societies, the Methodist Church and several hunting clubs. He is survived by his wife, four sisters and one brother.

LESLIE A. PURIFOY, El Dorado, aged 30, died February 1st of injuries sustained in an automobile accident on January 26th. His condition had not been considered serious and his death was due to a coronary embolus. Born in Chidester, Arkansas, the son of Dr. and Mrs. W. A. Purifoy, he graduated from the Camden High School and the University of Arkansas, and received his medical degree from Rush Medical College in 1930. Following an internship at Michael Reese Hospital, Chicago, he located in El Dorado where he was associated in practice with his uncle, Dr. L. L. Purifoy. Active in organized medicine, he had served the Union County Medical Society and the Fifth Councilor District Medical Society as president, and was a junior member of the American College of Surgeons. He was a member of the Scottish Rite Masons, the Shrine, and of the First Baptist Church of El Dorado. Surviving relatives are his parents, Dr. and Mrs. W. A. Purifoy, Chidester; his uncle, Dr. L. L. Purifoy, El Dorado, and a sister, Mrs. Joe Mayne, Little Rock.

VIRGIL L. PASCOE, aged 64, died at his home in Newark January 29th. A graduate of the Vanderbilt University School of Medicine in 1893, Dr. Pascoe had practiced for over 40

years. He was a member of the Independence County Medical Society, the Masonic and Woodmen of the World lodges. Surviving relatives are his wife, three sons and three daughters.

PHILLIP ROSS WATKINS, aged 69, died at his home in Mena February 24th of pneumonia after an illness of less than two weeks. He was a graduate of the Vanderbilt University School of Medicine in 1893 and had practiced in Mena for many years. He was a past-president of the Polk County Medical Society, a member of the Arkansas Medical Society and of the Masonic Lodge.

The American Neisserian Medical Society was founded on June 12th, 1934. It is dedicated to the promotion of knowledge in all that relates to the gonococcus and gonococcal infections, that there may be attained improvement in the management of gonorrhea and a reduction in its prevalence.

The society plans to carry out the following program:

A. The scrutiny of the management of gonorrhea in both male and female.

B. Clinical and laboratory research in the diagnosis, medical and social pathology, and the treatment of gonorrhea.

C. Dissemination among the medical profession and the public of authoritative information concerning gonorrhea.

Membership is limited to:

A. Residents of the United States or its territories, Canada or Mexico.

B. Graduates of a medical school recognized by the American Medical Association.

C. Those who are engaged in some phase of the management of gonorrhea.

Invitation to membership is extended to all qualified physicians who desire to work for improvement in the management of gonorrhea. Application blanks can be obtained from the undersigned.

OSCAR J. COX, Jr., M. D., Secretary,  
475 Commonwealth Ave.,  
Boston, Mass.

The Spring Symposium of the Kansas City Southwest Clinical Society will be held in the President Hotel, Kansas City, Missouri, Monday, March 11, 1935. This session will open a three-day meeting, of which the last two days will be presented by the Midwest Section of the American College of Surgeons.

The entire day's program will be given over to scientific sessions with presentations by members of the society. Guest speakers who will also appear on the program are Dr. Irvin Abell, Professor of Clinical Surgery, University of Louisville Medical School; Dr. Frederic W. Bancroft, Associate Professor of Clinical Surgery, Columbia University College of Physicians and Surgeons, and Dr. Charles L. Scudder, Consulting Surgeon, Massachusetts General Hospital.

There will not be any registration fee for this three-day meeting which is open to the medical profession at large.

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# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL



Vol. XXXI

FORT SMITH, ARKANSAS, APRIL, 1935

No. 11

## CARCINOMA OF THE UTERUS AND TREATMENT\*

W. DECKER SMITH, B. S., M. D., F. A. C. S.  
Texarkana

In presenting the subject I have chosen for this occasion, I realize very well the multitude of material in such a title. My remarks will be confined to cancer of the cervix and of the uterus in general. Reviewing the mortality rates as furnished by the United States Census Bureau, one cannot but realize the terrible task confronting the medical profession in the cure and control of this disease. Cancer is second only to heart disease in the causes of death today, occupying the position that tuberculosis did thirty years ago.

It is generally accepted that cancer is a process characterized by an unrestrained cell growth. This growth seems to start at one or more focal points and, in many instances, to be preceded by a phase of relatively long duration during which the cells are acted upon by something associated with a process of chronic irritation producing a cellular hyperplasia. In its incipency cancer is generally localized but sooner or later it spreads by invasion of surrounding tissues at the expense of normal cell growth and function.

The early stages of cancer growth are rarely associated with symptoms, and unless neoplasms happen to be external and can be seen or felt, their existence remains long unsuspected. It is the slow, insidious onset that produces the tragedies we see in the treatment of this disease today.

In most of the countries where statistics are reliable, cancer of the uterus is one of the most frequent causes of cancer mortality in females. In England it is only exceeded by cancer of the breast and in the United States it is the most frequent cause of death in the female. The death rate in these various countries is almost station-

ary and the tremendous efforts which have been concentrated upon prophylaxis, early recognition and treatment have had little effect on it. Garnick (1929) remarks that the proportion of inoperable cases coming to the Frankfort Gynecological Clinic remains at 45%, exactly the same as it was in 1919.

From the facts we have learned about the causes of malignancies of the cervix and uterus, there can be little doubt but that cervical erosions, chronic endo-cervicitis and the injuries which occur during delivery are contributory causes for cancer of these organs. These facts are borne out by the statistical studies of O'Brien, Farrer, Crosson and others. The important pre-cancerous factor in chronic endo-cervicitis is epithelial hyperplasia. The common gross changes in the cervix, resulting from endo-cervicitis, according to Farrar and Novak, are erosion and eversion of the cervical lips, cystic changes, abnormal discharge and occasionally, bleeding. Differentiation between this condition and cancer may be impossible except by microscopic study. Leukoplakia, first described by Von Franque in 1907 and recently by Hinselman, who feels that when it is found amputation of the cervix is indicated because it is an almost sure precursor of cancer. Smith and Grinnell are of the opinion that retention of material within the uterus is a frequent etiological factor in corpus carcinoma. In their series of 101 cases of carcinoma of the body of the uterus, 41 cases show definite evidences of improper drainage and the retention of various materials. There still remains considerable doubt just what part fibroma of the uterus play in the production of malignancy. Davis, Smith, Lacy and Klaus have expressed their belief that carcinoma of the body occurs proportionately more frequent in women with fibromas.

It is apparently firmly established that uterine cancer is much less common in the Hebrew race than in any other according to statistical data furnished by Sorsby in 1931. The age at which cancer of the cervix and body of the uterus occurs varies considerably. According to Lane and

\* Read before the Fifty-ninth Annual Session of the Arkansas Medical Society, held in Little Rock, April 16-18, 1934.



Claypon, the mean age of women applying to hospitals for treatment is 45 to 75 years. 29.3% of their cases were under 40, which bears out the general belief that the disease has little relation to the menopause. Carcinoma of the body of the uterus is most frequently present after 50. Donner and Shaw believe no unquestionable cases of carcinoma of the body occur before the fortieth year.

Anatomically, carcinoma is classified according to location as follows:

(1) Carcinoma of the vaginal portion of the cervix, that portion between the external os and vaginal vault.

(2) Carcinoma of cervical canal, bounded below by external os and above by the internal os.

(3) Carcinoma of the mucous membrane lining the uterine cavity from the internal os to the fundus.

Histologically, carcinoma is classified as follows:

(1) Squamous cell carcinoma.

(2) Cylindrical cell, or adeno-carcinoma.

(3) Epithelioma and adeno-carcinoma (uncommon.)

Squamous cell cancer nearly always develops in the epithelial covering of the vaginal portion of the cervix, but in rare instances it has been found in the endometrium of the uterine body. The origin here has been attributed to the presence of cell inclusion, but recent investigation tends to prove that it is more probably the result of metaplasia of the surface epithelium. Cylindrical cell cancer of the cervical canal originates in the cells covering the endo-cervix, or in the cells of the cervical glands. Carcinoma of the body is nearly always of the cylindrical cell variety, originating in the surface or glandular epithelium. Of the various anatomical varieties, carcinoma of the cervix is by far the most frequent, constituting about 90% of the cases.

There are certain diagnostic criteria. In order of frequency and importance they are as follows:

(1) Bleeding, occurring irregularly about the menopause should always be looked upon with suspicion. So many patients attribute these changes to the menopause, and quite frequently they are based upon advice from the family physician, which, in many instances, has robbed these unfortunate individuals of a chance for cure. Bleeding arising months or years after the menopause is most suggestive as post-climateric

bleeding rarely ever occurs in any other condition.

(2) The discharge present in the early stages is watery and serosanguinent, described by some as a "beefy, watery discharge." The special character of this material is of utmost significance. In the later stages, after sloughing of the tumor mass and secondary infection takes place, the discharge becomes purulent and exceedingly foul.

(3) Pain is rather a late symptom and, most unfortunately, indicates an advanced stage of the disease with involvement of the parametrial tissues and nerve endings.

(4) Bladder and bowel—As infiltration, extension, and widespread involvement of cervix and vaginal wall takes place, the bladder and bowel become involved. There may be dysuria, retention, constipation and rectal pain. As the disease progresses, either vesical or recto-vaginal fistula or both may occur.

Metastasis, as a rule, occurs late, the regional lymph nodes probably being the most prominent site and next in frequency, the liver, ovary and peritoneum. Warren, in a recent statistical survey on metastasis, shows that the higher the grade of malignancy, the more generalized becomes the metastasis.

The most recent advance in the early diagnosis of squamous cervical carcinoma, which constitutes about 85 or 90 per cent of the cases, has been made by Schiller of Vienna. This test is known as the Lugol's solution test. It is based on the fact that normal vaginal mucous membrane contains a rich supply of glycogen, differing considerably from that glycogen found in the liver, muscles and other organs in that it is not soluble in water. The test is made by applying Lugol's solution to the cervix and vagina with a well saturated sponge or tampon for one to two minutes, after which the excess amount is removed by gentle sponging. In areas in which the test is positive there is an absence of the dark mahogany stain, showing as unstained spots. There are four conditions, according to Schiller, which will not take the stain:

(1) Carcinomatous layers or incipient carcinoma.

(2) The presence of hyperkeratosis as a result of prolapse of the uterus.

(3) The presence of hyperkeratosis as the result of luetic infection.

(4) The desquamation of the upper layers of glycogenous epithelium from trauma.

The negative test is most certain that carcinoma is not present in the cervix. The test is most valuable in biopsy. In Schiller's routine use of this test, he was able to recognize the early stages of the disease and apply the proper treatment with a resulting percentage of cures of 90-95%. The advantage of the test is its simplicity. It can be performed by any physician and will aid materially in the early recognition of this disease. It is useful, however, only in the early recognition of cervical carcinoma. The negative test does not preclude absence of malignancy from the cervical canal or uterine cavity. In these cases with the suspicion of malignancy, curettage is indicated.

For improvement of the morbidity and mortality of this disease, the medical profession as well as the layman, must be awakened to the fact that the disease is curable in its early stages, and that all precancerous lesions, the result of disease or injury, must be corrected if the disease is to be controlled. This calls for considerable education of the public on the early symptoms of the disease and of the importance of early treatment if cures are to be obtained.

In the beginning, radical surgical removal is the procedure of choice. It is estimated that about 40% of the cases are operable when first examined. Of these, about 10% survive the five-year period and remain well. Mobility of the cancerous uterus is generally indicative of freedom from parametrial extension and therefore, of operability.

In our series of 75 cases of carcinoma of the uterus treated during the period 1924 to 1934, approximately 90% were of the cervix and 10% were of the body of the uterus. 12% were treated surgically, either by complete abdominal or vaginal hysterectomy. 88% were treated by radiation therapy, either radium alone or radium combined with deep X-ray therapy. The average incidence of carcinoma of the cervix in our group was 42 years, and for carcinoma of the body, 56 years. It is our personal experience that carcinoma of the body affords a higher percentage of cures than carcinoma of the cervix. It is our experience also that all cases of epithelioma of the cervix come late, and are, as a rule, inoperable.

Our experiences are similar to those Schmidt and Crossen relative to radium therapy. We give these patients the maximum dose of three to five thousand millicurie hours, usually divided into eight day intervals. During this time deep

X-ray therapy is given in erythema doses through five or six portals. Deep therapy radiation can safely be repeated at the end of six weeks, and again at the end of three months, according to the indications. In the advanced cases, especially those of grade four, X-ray therapy is given in fractional doses over a much longer interval of time for palliative effects only. The higher the grade of malignancy, the more radio-sensitive we have found them to be. With this type of therapy many of the clinically hopeless cases are apparently cured and 19% of the cases treated with radium alone survive the five-year period. With the modern advancement of deep X-ray therapy, together with the experience gained at various clinics, combination therapy with X-ray and radium has increased the cures over a five-year period to 22%.

In conclusion, let me again express to you my belief that "an ounce of prevention is worth a pound of cure," and if the physician will give his honest and sincere effort to the early removal and treatment of all pre-cancerous lesions, he will be of greatest service to his patients and his community.

#### DISCUSSION

C. S. Holt, Fort Smith: When we hear papers read on cancer, there are just two things they show: that is, the cures and the deaths. I think that the good surgeons are doing is that we are able to take these cases and make them symptom free for from one to eight years. For that reason, we should have always papers on the number of cases that have been symptom free for a certain number of years.

#### WHICH SIDE OF THE QUESTION ARE YOU ON?

Should mothers be given medical advice by neighbors, newspapers, manufacturers and other meddlers, gratuitously, OR

Should the problem of infant feeding be kept where it belongs—in the hands of the medical profession?

Mead Johnson & Company are and always have been definitely on the side of private medical practice, and this is one reason why we have refused to advertise "complete foods" which "simplify" infant feeding. The use of cow's milk, water and carbohydrate mixtures represents the one system of infant feeding that consistently, for three decades, has received universal pediatric recognition because it offers an adjustable formula for meeting the changing requirements of the individual baby as it progresses. Of all the carbohydrates available no carbohydrate employed in this system of infant feeding enjoys so rich and enduring a background of authoritative clinical experience as Dextri-Maltose. Under the traditional Mead policy, we re-affirm the fundamental principle that "Babies supervised by physicians are better babies." We continue to be voluntarily committed to the same side of this important medical economic question—as you.



## ENDOCRINE THERAPY IN THE CLIMACTERIC\*

G. REGINALD SIEGEL, M. D.  
Clarksville

This paper is offered not with the idea of thoroughly covering the subject but more for the purpose of causing the medical profession to concentrate on the pathology produced by endocrine disorders. There are three general types of menopause; namely, the so-called natural, the artificial, which is brought on by surgical interference or ray therapy, and the premature, which occurs at an earlier date than the natural menopause. The symptoms in these three forms are much the same, the principal difference being the age and abruptness of onset. In artificial menopause the symptoms may manifest themselves within a few days following surgical or ray interference.

Symptoms may come abruptly, there may be a gradual change covering a period of years, or they may not occur until the clinical manifestations have terminated. Vasomotor symptoms appear as distressing hot or cold flushes, perspiration, vertigo, faintness, tachycardia, gastrointestinal disorders, numbness and tingling of the hands and feet, various paraesthesias, and vicarious bleeding from the nose or other mucous membrane. Novak asserts that vasomotor conditions are present in eighty per cent of the patients.

The nervous symptoms which are commonly present include irritability from minor or unascertainable sources and excitability. There is a tendency on the part of the patient to worry over little things which in former years were disregarded, and most common of all is a general emotional instability. Many otherwise undiagnosed symptoms that present no definite pathology for their cause can be attributed to endocrine troubles.

All types of psychic symptoms are encountered, from a mild psychoneurosis to an active psychosis. The most common one encountered is that of anxiety. This anxiety differs from fear in that the subject dreaded may not even be known to the patient or it may be some trivial matter out of all proportion to the reaction displayed. Depressions, phobias, and compulsions

are also encountered. The psychoneurotic manifestations are most common, the psychotic being in the minority. Various type shocks or conditions producing great sadness have brought about a premature menopause followed later by mental symptoms. The decrease of sexual desire may occur gradually, or in some women, may seem to be abrupt, although some observers feel that these women did not have strong longings. There are times, however, when the inhibitions of sex are removed on account of the diminished fear of pregnancy and this is designated as the dangerous age.

Physical changes in the later stages of any of the three types of menopause include an atrophy of the subcutaneous tissue of the external genitalia and shrinkage with a gradual degeneration of the glandular elements of the generative tract. The glandular substance of the breasts disappears and at times there is a marked increase of body weight. A quite frequent syndrome encountered is that of arthritis, which is undoubtedly due to glandular imbalance.

It is remarkable to note the return of normal conditions in the genitalia and glandular elements of the breasts after careful administration of proper endocrine substances. However, the proper analysis must be made so that the needed substance can be employed. Haphazard administration of glandular substance is unwise and unprofitable.

Frequently hypothyroidal symptoms are present, such as thinning out of the hair, a brittleness of the hair and nails, and a puffiness of the face and occasionally of the hands and feet. Experimentally, the thyroid and ovary are closely associated and this has been emphasized by clinical experience.

Treatment is directly mainly toward amelioration of the vasomotor, nervous, and psychic symptoms. The cessation of menstruation, anatomical changes, and loss of sex feeling must be borne with philosophy at present. The real involution psychosis requires psychiatric care in addition to organotherapy. In a much larger proportion of cases than is commonly believed, amenorrhea or oligomenorrhea are the result of endocrine disorders rather than of pelvic diseases.

I am offering herewith the histories and treatments recorded in three cases of endocrine psychoneuroses, and one with merely the severe irritability and other clinical changes that go with the ordinary type of case often diagnosed as pelvic inflammation.

\*Read before the Fifty-ninth Annual Session of the Arkansas Medical Society, held in Little Rock April 16-18, 1934.

## CASE NO. 1

Physical findings on Miss M. S., December 4, 1930:

Thin, under-nourished, stooped individual, skin sallowness, teeth good. Tonsils small. Pupils equal and react to light and accommodation; no convergence or divergence; no nystagmus. Thyroid small; no glandular enlargements. Breasts atrophied. Heart: dullness with normal limits; apex beat in fifth interspace; rate regular; no murmurs. Lungs: No voice changes, percussion changes, or rales heard. Abdomen: Distinct tenderness over the gall bladder area and over the entire course of the colon; abdomen is pot-belly in shape, due to a thoracic spine curvature. There is tenderness over both kidney poles; spleen not palpable; liver dullness not increased. Vaginal: An atrophic uterus with an atrophic vaginal wall; no tenderness. Reflexes, deep and superficial, are present and active. No clonus or abnormal foot signs. Bones and joints are normal except the spine, which presents an anterior-posterior and lateral painless curvature in the mid-thoracic area. The media and fundus are negative; nose membrane not inflamed, no deviation of septum. Ears negative, as are the sinuses. Blood pressure 100/54; pulse varies from 70 to 96. Proctoscopic examination shows a low grade proctitis. Examination of stool was negative for parasites and blood. Urine 1,008, acid, 2 plus albumin, with clumped pus wells. Red cells 4,000,000; hemoglobin 80%; white count 8,000, normal differential. Wassermann and Kahn both negative. Basal metabolic rate minus 4. Ewald test meal showed an absence of free hydrochloric acid, total acidity 22, no blood or lactic acid.

X-ray report as follows: "Patient is very much curved in the thoracic spine, and the abdomen is much distended with gas. Chest is narrow, but shows no unusual markings. Stomach is displaced somewhat in the abdominal cavity and lies high in position; is hypotonic in type. There is some delay as the barium enters the cardiac end, demonstrated readily as the stomach seems rotated by the deformity. However, the stomach fills normally; no incisura; no niche; peristalsis vigorous; sphincter is normal; there are no tender points. Duodenal cap is of medium size, in normal position; fills normally in all positions and is not tender. Ileum is low; fills normally; contains a six-hour residue and is not tender; head of the barium column is at the cecum in six hours. Cecum fills normally. Appendix is not seen. Colon fills normally, is somewhat enlarged, with ptosis of the transverse portion, but the waves of peristalsis are deep and there are areas of rather marked spasticity. There are a few areas in the descending portion which are quite irritable. Upon filling the stomach the initial clearing is rapid. The pylorus stays open for some time and the barium flows quickly into the duodenum and jejunum. Cholecystography shows a gall bladder that fills normally, but with considerable residue after the fatty meal, showing some deficiency in the elasticity of the gall bladder wall. Impression: This is a case of spastic colon with some atonicity, or at least a dilation, and a mild degree of cholecystitis."

This case gave a history of surgical interference at the age of 16, a double oophorectomy following the measles. Had been treated as a gall bladder patient on numerous occasions. Hair sparse and dry, nails brittle, very nervous and subject to a mild epilepsy.

Patient was placed on well balanced diet with all roughage and fried foods eliminated and given hydrochloric acid, thyroid substance, and ovarian substance.

Her weight increased from 88 lbs. to 131 lbs. in one year. The spinal curvature straightened and added  $1\frac{3}{4}$  inches to her height. Hair became silky and full of life; skin cleared, losing the sallowness; patient became active and grew stronger; the epileptiform attacks grew less frequent; and today, three years later, the epileptiform attacks apparently do not occur at all. The glandular substance has been continued at intervals to date.

## CASE NO. 2

Mrs. A. H., aged 27, married, mother of three children, normal in every respect. A railroad accident took the life of her youngest child. She became very melancholy following the loss and her menses ceased shortly afterwards; weight increased 47 lbs. in three months; mind gradually changed until she acted the part of an idiot, soiled her clothes, became listless and droopy, and was diagnosed as a dementia case and placed in an asylum. She remained in the institution for seven months.

When this case came under my observation there had been no menstruation for fifteen months. Case was examined thoroughly, showing general glandular changes of menopause. She was placed on glandular treatment by oral and hypodermic routes and six vaginal tampons were used. Case menstruated in twenty-two days; mind cleared in six weeks. Today, eight years later, she is still normal in both menses and mind and she has mothered her family in good shape.

## CASE NO. 3

Miss F. S., born December 1898, a normal child in every respect, with the exception of occasional outbreaks of malaria and a history of a fractured scapula during her first year. Her normal weight at the age of 21 was 105 lbs. She was very stout, robust, and worked very hard during her girlhood days, even to the extent of doing a man's labor in the fields. She was engaged to be married, but in September 1921, her sweetheart met a violent death and in the latter part of the same year she entered the Benedictine Order. She had developed a very melancholy attitude, took practically no interest in the outside world, and was said to be very, very religious.

On examination she was found to be an absolute virgin with a small vaginal orifice and intact hymen. The subcutaneous tissue of the external genitalia showed an atrophic condition with some degeneration of the generative tract. Breasts were normal except the glandular substance was absent allowing the skin to sag and wrinkle; weight 97 lbs., blood pressure 100/60; pulse 108, all reflexes highly exaggerated; a generalized eruption of entire body, generalized hairy growth on the face as we often find in the aged female; feet and hands swollen; an enlargement of the articular processes; both knees slightly ankylosed, and impossible to relax them without pain; hair sparse, had been coming out in areas resembling alopecia aerata, very dry and lifeless in appearance; appetite very good; very restless with short intervals of sleep; bowels and kidneys act normal, but patient unable to control them until assistance to the stool can be given by the attendants.

Her mental condition was blank, except for the recognition of certain people and the ability to read any written article placed before her. She had a predominant apprehension of all strangers, having the impression they were about to steal any object that might be within her vision. The major psychic symptom in this case was that she thought people were swearing, cursing, or calling her



vile names. She did not recognize her given name nor her adopted name if spoken, but readily understood their proper place if written and presented to her to read. The training of this patient in the convent must be taken into consideration, as a nun is taught to exclude that part of her life prior to receiving her vows. She was very reticent in looking at pictures or discussing events having to do with her life as a girl. Her menstrual life started at the age of 14 and continued until 1929, at which time it ceased and had not appeared up to the time of this examination. She was an inmate of an Iowa mental and nervous hospital for eleven months in 1931 and had been an inmate of the mental and nervous hospital in Arkansas until December 1932. She had not received any medicinal treatment at either institution. We endeavored to handle this from a strictly endocrine standpoint.

At the end of first week patient was able to sit up all day, asked to be put to bed at night, slept fairly well, appetite improved, bowels and kidneys were more regular in action, the urine had cleared up, and the feces were beginning to become solid. At the end of second week patient asked to be taken to toilet and could control bowels and kidneys, swelling entirely gone from wrists and hands and decreased in knees and ankles. She slept soundly at night and it was not necessary to fasten her in bed. At the end of third week the rash had almost entirely disappeared from face and body, wrinkles were fast disappearing from skin, and hair was oily with a luster showing life and growth of new hair. Patient had a great deal of strength in arms. Edema had left both knees and feet. She showed fits of rather a mean temper when provoked. At the end of fourth week patient spoke to visitors, calling those of her former acquaintance by name, had dried the dishes on two occasions walked about fifty paces alone, showed an increase in weight, and there was firmness and good color in breasts. She began to notice conversation which was displeasing to her and answered back in her own defense. At the end of two months light menses appeared, of very foul odor and thick. Patient carried on a very rational conversation, but lapsed into prayers at times. Helped with dishes and cooking. All edema had cleared up although the arthritis in knees had not entirely disappeared. At the end of eight months the patient had regained normal posture and the ankylosis has disappeared from all joints. She now weighs 142 lbs. and her mind has remained rational in every respect from October 21st up to the present writing, December 2nd. I cannot definitely state at this time the outcome of the case, but from all appearances, we may expect a perfectly normal being.

#### CASE NO. 4

Mrs. G. W. M., age 27 years, married for ten years, mother of two children ages six and three years, past health good until one year ago, not past history of sickness except during confinement, started complaining of pain in abdomen and air hunger and a continual pain in head and neck. Weighed at time of examination 110 lbs. Pulse was very rapid, ranging from 130 to 146. Failed to menstruate in January, 1933, and did not show any signs of menses over a period of five months. This case was brought to my attention because the patient continually refused to eat, refused to mother her children, and did not speak a word to anyone.

She was placed in the hospital for observation and forced feeding was used until she regained sufficient strength to start glandular medication. Pituitary sub-

stance, ovarian substance, thyroid substance, and 50 per cent glucose were used over a period of six weeks by the hypodermic route and the patient was dismissed from the hospital when she resumed eating voluntarily.

Following her dismissal from the hospital she was placed on glandular substance by the oral route and at the present time, three months later, she is perfectly normal mentally, doing her house work, mothering her children, and serving in the capacity of a wife. She is menstruating at 28-day intervals with the menses lasting four to five days.

There are numerous cases without mental derangements that have been treated for amenorrhea in a milder manner and we have found them to respond very nicely in all cases.

#### RESULTS OF PNEUMOTHORAX.

Pneumothorax treatment, somewhat slowly adopted by the American medical profession, has now established itself as one of the most important weapons in the fight against tuberculosis. For some years there has been felt a need for more precise data so that pneumothorax therapy might be fairly evaluated. A Committee on Artificial Pneumothorax of the American Sanatorium Association, after four years work, completed a survey of pneumothorax in representative American tuberculosis sanatoria covering the period 1915-1930. The Committee published its report recently in the American Review of Tuberculosis. It is possible here to offer only brief extracts of the study and the more important conclusions.

Of fifty sanatoria which volunteered to collaborate, twenty-four furnished data on pneumothorax sufficiently complete and suitable for study and tabulation.

To obtain comparable data it was necessary to define a number of terms. **Intentional** termination of pneumothorax was assumed when refills had been allowed to relapse. Termination was considered **unintentional** when oblitative adhesions had encroached on the pleural cavity. The term **pneumothorax treatment** required that there must be a demonstrable pleural sac and the patient must have received at least 100 c.c. of air or gas at regular intervals over a period of at least three months.

Very important, not only for this study but for consideration of pneumothorax in general, was the effort of the Committee to define precisely what is meant by **effective collapse**. The Committee decided that the following three conditions should be met, or at least two of them, when the third was doubtful or not stated:

1. Disappearance of symptoms.
2. Disappearance of bacillary sputum.
3. Demonstrable closure of cavities, especially roentgenographically.

The incidence of pneumothorax reported by the sanatoria varied from 1 per cent to 34 per cent with an average of approximately 10 per cent.

Approximately 40 per cent of the cases which received pneumothorax treatment, showed considerable cavitation, and 25 per cent moderate cavitation.

Effective collapse was obtained or maintained in 38 per cent of the cases. In nearly two-thirds of the series it was necessary to discontinue treatment prematurely, most frequently because of the development of pleural complications. Two factors, small proportion of cases susceptible to effective collapse, and forced premature discontinuance of collapse, appear to limit most seriously the success of pneumothorax therapy.

## THE TYPHOID BACILLUS IN MILK AND WATER SUPPLIES

W. B. GRAYSON, M. D.

State Health Officer, and

H. V. STEWART, B. S.

Director Hygienic Laboratory  
Little Rock

The fact that the typhoid bacillus is transmitted by both milk and water supplies is so well established that nothing further need be said on that point, but how to establish its presence in a particular milk or water supply is quite another matter. There seems to be an impression in the mind of the laity and even of some members of the profession that there is a comparatively simple procedure by means of which the laboratory is able to establish the presence of the typhoid bacillus in a small sample of milk or water. When one considers the fact that one or two typhoid bacilli per gallon of milk or water are sufficient to start a serious epidemic and how almost impossible it is for the laboratory to search out, find and identify the one or two typhoid bacilli in a gallon of milk that may contain thirty-eight million bacteria per gallon and still be the best quality Grade A milk; or to find the one or two typhoid bacilli in a gallon of water that may contain as many as 375,000 bacteria per gallon and still be classed as acceptable and safe drinking water, one realizes that the task is not so simple after all and that even the best of laboratories has its limitations.

After considering the difficulty of isolating the typhoid bacillus from suspected milk or water supplies, we are forced to the conclusion that some other means than the direct examination of the sample must be used in obtaining our information. So we gather together the known facts concerning the typhoid bacillus and plan our work accordingly.

In the first place, we know that the typhoid bacillus is not a normal inhabitant of milk or water and, therefore, it must gain access to the milk or water from some source where it is normally able to grow and multiply. The most logical source to consider in meeting this requirement is the human intestine where we know that the typhoid bacillus is able to grow and even multiply to the extent that the host of this unwelcome bacillus becomes ill and develops what is known as typhoid fever. We also know that certain individuals harbor the typhoid bacillus without showing any symptoms of the disease, and that

other individuals continue to harbor the bacillus for varying periods of time after they have recovered from an attack of typhoid fever. These two classes of individuals are known as typhoid carriers. So it seems logical then, when we are endeavoring to determine whether or not a milk or water supply is safe for use, to search out the source or sources from which the typhoid bacillus may have gained entrance to the milk or water supply.

In the case of milk supplies we first determine whether or not there is an active case of typhoid fever among those who handle the milk; second, whether a person recently recovered from typhoid fever is in any way associated with the handling of milk; third, whether there are any typhoid carriers associated in any way with the handling of milk; and, fourth, but not least in value, we examine critically the sanitary surroundings of the dairy and the manner in which the milk is handled to determine whether the typhoid bacillus could gain entrance to the milk if a carrier were assisting in its preparation for the market.

In the case of water supplies we must make a careful sanitary survey of the well and its surroundings to determine the possibility of human excrement gaining entrance to the water supply. This will involve first the location of the well to determine whether sewage laden water from a privy or broken sewer line may gain entrance to the well by seepage through the soil; second, whether the well is properly tiled and fitted with a tight cover so that surface contamination cannot gain entrance either by waste water or during periods of rainy weather; and, third whether or not the well is provided with a pump so that the water from the well may be brought to the surface without introducing contaminating material from any source.

Since it is impractical to make a bacteriological examination of the water for the purpose of finding the typhoid bacillus, we must use some other factor by which to judge the fitness of the water for drinking purposes. The factor we have chosen for this purpose is the presence or absence of the bacillus coli communis (commonly known as *B. coli* but properly referred to as *Escherichia coli*), for we know that it is not a normal inhabitant of water but is a normal inhabitant of the intestinal tract of both man and beast. Therefore, if we find it present in water we know that that water is being contaminated with the fecal discharge from either man or beast and



it is possible for the typhoid bacillus also to be present and thus render the water potentially dangerous and unfit for drinking purposes.

The significance of *B. coli* in milk is not to be interpreted in the same manner as we interpret its presence in water, for we know that *B. coli*, being a normal inhabitant of the intestinal tract of cows and other farm animals, will naturally be found in great numbers in the soil and dust around barnyards and dairy barns and thus will be present on the hair and udders of the cows. Therefore, when *B. coli* is found in milk its presence indicates first that the milking was done in a dusty, dirty barn, and from cows that had not been properly cleaned before being milked; or second, that the milk buckets and other utensils were not properly cleaned before being used. These facts being true, it is easily seen that a careful inspection of the dairy and the methods of procedure used in that dairy will divulge far more information than any laboratory test that could be made.

In our endeavor to establish the safety of a water supply we must again consider the value of a careful inspection of the well and its surroundings and realize the limitations of the laboratory examination. As has been shown, *B. coli* may have its origin in the intestinal tract of man where it may be associated with the typhoid bacillus and thus if found in a water supply would render that water unsafe for drinking purposes. Unfortunately the laboratory examination is unable to differentiate between the *B. coli* of human origin and those originating in the intestines of animals. Therefore, unless the well is protected from all visible evidence of sewage contamination, is tightly covered, and provided with a pump so that an uncontaminated sample of the water may be collected, it is useless to expect the laboratory to say whether the contamination found is or is not dangerous in character.

Open wells and those wells provided with a rope and bucket are invariably subject to contamination by dust and dirt blown or washed into the well and from dirty hands that handle the rope and bucket and thus contaminate the water. A laboratory examination is useless to determine its safety for in this case *B. coli* may be present in the water in relatively large numbers but still the water may be safe for drinking purposes provided the possibility of sewage contamination can be excluded.

Thus it is clearly apparent that it is useless and a waste of time and money to send samples of water to the laboratory for examination from open wells or wells that are provided with rope and bucket, and other such unprotected sources, for we know from our sanitary survey alone that such supplies are contaminated and, therefore, potentially dangerous.

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## RESOLUTION

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Whereas, God in his infinite wisdom has suddenly snatched from our midst our friend and colleague, Dr. V. L. Pascoe, Newark, Arkansas, and

Whereas, Dr. Pascoe was endeared to us by his genial personality, his kindness, and charitable nature. Not only did his traits of character appeal to us and make us desire to emulate them, but we shall ever remember his medical skill and his ability to cure the sick. He was born and reared in this county and gave his entire life to the practice of medicine here. He was ethical in his dealings with other physicians and was a real friend to the young doctors. He was not only a leading man in his profession but one of our best citizens. His friends were numbered by all who knew him.

Therefore, Be it resolved that the Independence County Medical Society in session assembled express our appreciation for the noble work that Dr. Pascoe has done among us; that we as a society feel a sense of personal loss in his death and shall ever cherish his memory; and that we recommend to the members of the society that they follow the high ethical standards which Dr. Pascoe unfailingly followed; and

Be it further resolved that we express our sympathy to Mrs. Pascoe for her irreparable loss; and that a copy of this resolution be sent to Mrs. Pascoe; that a copy be spread on the minutes of the society and that a copy be sent to the press.

DR. O. L. BONE, Newark, Ark.

DR. L. T. EVANS, Batesville, Ark.,

DR. F. A. GRAY, Batesville, Ark.,  
Committee.

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## COMING MEDICAL MEETINGS

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Third Councilor District Medical Society, De-Vall's Bluff, April 5th.

Second Councilor District Medical Society, Batesville, April 8th.

ARKANSAS MEDICAL SOCIETY, FORT SMITH, APRIL 15-17TH.

Ninth Councilor District Medical Society, Mountain Home, June 4th.

American Medical Association, Atlantic City, June 10-14th.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

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**Health and Public Instruction**—W. B. Grayson, Chairman, Little Rock (1937); S. W. Douglas, Eudora (1937); B. M. Stevenson, Crawfordville (1937); H. K. Carrington, Magnolia (1936); H. A. Stroud, Jonesboro (1936); J. H. Fowler, Harrison (1935); E. J. Munn, El Dorado (1935).

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**Medical Economics**—I. F. Jones, Chairman, Fort Smith (1937); R. B. Robins, Camden (1937); J. E. Neighbors, Stuttgart (1936); D. E. White, El Dorado (1936); Roy Millard, Dardanelle (1935); A. C. Shipp, Little Rock (1935); R. M. Sloan, Jonesboro (1935).

**Scientific Exhibit**—F. H. Krock, Chairman, Fort Smith (1935); H. King, Wade, Hot Springs National Park (1936); W. E. Gray, Hot Springs National Park (1937).

**Arrangements**—(Host Society 1935 meeting)—D. W. Goldstein, Chairman, C. S. Holt, J. A. Foltz, H. Moulton, M. E. Foster, W. G. Eberle, I. F. Jones.

**Necrology**—W. H. Mock, Chairman, Prairie Grove (1935); J. M. Lemons, Pine Bluff (1936); H. Moulton, Fort Smith (1937).

**Auxiliary**—L. J. Kosminsky, Chairman, Texarkana (1935); W. T. Wootton, Hot Springs National Park (1936); C. S. Holt, Fort Smith (1937).

**Cancer Control**—D. W. Goldstein, Chairman, Fort Smith (1937); R. L. Saxon, Little Rock (1936); L. A. Purifoy, El Dorado (1935).\*

\* Deceased.

## EDITORIAL

### ANNUAL SESSION.

The Sixtieth Annual Session of the Arkansas Medical Society will convene in Fort Smith on April 15, 16 and 17th. This issue carries the preliminary program and announcements. Particular attention is directed to the scientific program with its guest speakers, a well-chosen list of physicians qualified to address the Society on diversified topics. The Society is honored in that Dr. Walter L. Bierring, President of the American Medical Association, selected Arkansas as one of the states whose invitation he would accept at a time when there is an unusual demand for his services by state societies. His message to the general session will concern itself with the activities of the parent association. For the evening public session, his subject will be, "The Doctor and Plans for Economic Security." The Society is fortunate in having a speaker of such prominence to present the viewpoint of organized medicine on proposed socialistic measures for medical care. That Arkansas physicians are continuing their studies and research is manifest from their number and the character of their papers on the scientific program.

Several important matters await the action of the House of Delegates. The need for a broadening of the activities of the Society, more pressing now because of efforts at the socialization and regimentation of the medical profession, cannot be met on the present curtailed income. If the Society is to render the proper service and to make membership indispensable to the physicians of Arkansas, there must be added income for the inauguration of new services, as well as for the extension of existing functions. There is a constant demand that the state society undertake new projects, that its influence be extended to other fields and that it aggressively fight to eradicate situations harmful alike to the public welfare and to the practice of medicine which now exist in the state. Too, there is need for a more efficient organization of county units, for a more aggressive plan of attack when the rights of members are threatened by legislative action, or in other manner. The Society must actively plan and support publicity favorable to organized medicine as opposed to the panaceas so widely offered by social workers and philanthropists. All these and other problems require the thoughtful attention of the delegates.

We are not stand patters. We are willing to try any experiment which looks as though it might be the answer to the modern problem of care of the sick poor. But it must be a controlled experiment. And we must be assured that, so far as we can control it, standards of practice will not be lowered.—Morris Fishbein, M. D., in Minnesota Medicine.



The Sebastian County Medical Society as hosts assures every member a good time, having arranged for social functions sufficient to produce relaxation from all cares of the every-day practice of medicine as well as from the routine of the convention work-day. The social features of the 1930 meeting were favorably commented upon by all members in attendance. The host society assures The Journal that these features of the 1930 session are being used as the start for the 1935 festivities and that the additions will be pleasing indeed.

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### IN MEMORIAM.

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The publication in this issue of the names of those members who have answered their Last Call prompts the thought that too often this opportunity to suitably record the passing of ones near and dear to many of us is not afforded The Journal. With rare exceptions the information contained in the obituary notice is obtained from sources other than the colleagues of the deceased physician. Often a long time elapses before the editorial force receives any notice of the fact, press notice of the physician's death not being observed by the editor.

Usually the member's county society appoints a committee to draft suitable resolutions of his activities and character. This should be the invariable custom. These resolutions should be submitted to The Journal in form for publication that they may stand as a permanent record.

The Journal makes the plea that county society secretaries and friends of our departed colleagues take steps to see that The Journal is promptly advised on these occasions, and that suitable memorial resolutions are promptly prepared. This much is the privilege of those who mourn.

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### LEGISLATIVE COMMITTEE.

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"Energy and Persistence conquer all."—Franklin.

To the Legislative Committee which worked long hours and most diligently during the Fiftieth General Assembly of the State of Arkansas, the Society offers its most sincere appreciation. The program of medical legislation as proposed by this committee was carried out in every particular. Certain harmful measures, and their number was not few, were unsuccessful due to the untiring efforts of the members of the committee. Participation on this committee requires far

more than routine adherence to the ideals of organized medicine; it requires unselfish sacrifice of personal interests, the denial of personal gain in practice lost, in order that the interests of the Society may be ever protected. The Society may well be proud of these members and their accomplishments.

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### EDITORIAL COMMENT

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Members will be interested to know of the accomplishments of the Legislative Committee during the recent session of the legislature. Four laws were enacted which are of definite benefit to the physicians of Arkansas: (1) Fixing a three-year statute of limitations on malpractice actions, the time to run from the time of the commission of the alleged malpractice; (2) Providing that each of the healing art boards shall file in the office of the secretary of state the names of all licentiates to whom licenses have been issued during the past twenty years, and that the bureau of vital statistics shall further certify to the secretary of state the names of all deceased licentiates; (3) to restrict the sale of barbituric acid preparations except on the prescription of a physician or dentist; and (4) providing for the recognition, in their discretion, by the State Medical Board of the Arkansas Medical Society of certificates issued by the National Board of Medical Examiners. A number of bills, harmful to the interests of the medical profession, were either defeated or not introduced because of the efforts of the committee and our legal counsel, Hon. Peter A. Deisch. Among these were liberalization of the privileges of osteopaths, the workmen's compensation bill, the so-called "barber" bill and the resolution calling for an investigation of the faculty of the medical school.

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### OBITUARY

JAMES WILEY SLAUGHTER, aged 49 years, died suddenly at his home in Kilgore, Texas, March 17th, 1935. A practicing physician of Norphlet for the past twelve years, Dr. Slaughter had only moved to his new location in February. He was a graduate of the University of Arkansas School of Medicine in 1912 and was a member of the Union County Medical Society and a Fellow of the American Medical Association. Surviving relatives are his wife and one daughter.

# Preliminary Program & Announcements

OF THE

SIXTIETH ANNUAL SESSION OF THE

## ARKANSAS MEDICAL SOCIETY

FORT SMITH

APRIL 15, 16, 17, 1935

HEADQUARTERS—GOLDMAN HOTEL

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SECRETARY—W. R. Brooksher, Fort Smith.

### COUNCILORS AND COUNCILOR DISTRICTS

FIRST DISTRICT—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph counties. Councilor, W. M. Majors, Paragould. Term of office expires 1935.

SECOND DISTRICT—Cleburne, Fulton, Independence, Izard, Jackson, Sharp and White counties. Councilor, S. J. Albright, Searcy. Term of office expires 1936.

THIRD DISTRICT—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff counties. Councilor, M. C. John, Stuttgart. Term of office expires 1935.

FOURTH DISTRICT—Ashley, Bradley, Chicot, Cleveland, Drew, Desha, Jefferson and Lincoln counties. Councilor, C. W. Dixon, Gould. Term of office expires 1936.

FIFTH DISTRICT—Calhoun, Columbia, Dallas, LaFayette, Ouachita and Union Counties. Councilor, L. L. Purifoy, El Dorado. Term of office expires 1935.

SIXTH DISTRICT—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier counties. Councilor, Don Smith, Hope. Term of office expires 1936.

SEVENTH DISTRICT—Clark, Garland, Grant, Hot Spring, Montgomery, Saline and Scott counties. Councilor, Geo. B. Fletcher, Hot Springs National Park. Term of office expires 1935.

EIGHTH DISTRICT—Conway, Faulkner, Johnson, Perry, Pope, Pulaski and Yell counties. Councilor, S. B. Hinkle, Little Rock. Term of office expires 1936.

NINTH DISTRICT—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren counties. Councilor, D. L. Owens, Harrison. Term of office expires 1935.

TENTH DISTRICT—Benton, Crawford, Franklin, Logan, Madison, Sebastian and Washington counties. Councilor, S. J. Wolfermann, Fort Smith. Term of office expires 1936.

DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION—L. J. Kosminsky, Texarkana, (1935); W. R. Brooksher, Fort Smith, (1934).

### COMMITTEES

(Appointments expire in the year indicated)

SCIENTIFIC WORK—L. L. Purifoy, Chairman, El Dorado (1935); R. B. Robins, Camden (1936); W. R. Brooksher, Fort Smith (1937).

MEDICAL LEGISLATION—Val Parmley, Chairman, Little Rock (1937); M. L. Norwood, Lockesburg (1937); O. L. Williamson, Marianna (1937); H. T. Smith, McGehee (1936); R. L. Smith, Russellville (1936); A. S. Buchanan, Prescott (1935); H. A. Dishongh, Little Rock (1935).

HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Chairman, Little Rock (1937); S. W. Douglas, Eudora (1937); B. M. Stevenson, Crawfordsville (1937); H. K. Carrington, Magnolia (1936); H. A. Stroud, Jonesboro (1936); J. H. Fowler, Harrison (1935); E. J. Munn, El Dorado (1935).

MEDICAL EDUCATION AND HOSPITALS—Joe F. Shuffield, Chairman, Little Rock (1937); David Levine, El Dorado (1936); J. B. Futrell, Rector (1935).

PUBLIC RELATIONS—D. A. Rhinehart, Chairman, Little Rock (1937); E. E. Barlow, Dermott (1936); M. E. McCaskill, Little Rock (1935).

MEDICAL ECONOMICS—I. F. Jones, Chairman, Fort Smith (1937); R. B. Robins, Camden (1937); J. E. Neighbors, Stuttgart (1936); D. E. White, El Dorado (1936); Roy Millard, Dardanelle (1935); A. C. Shipp, Little Rock (1935); R. M. Sloan, Jonesboro (1935).

SCIENTIFIC EXHIBIT—F. H. Krock, Chairman, Fort Smith (1935); H. King Wade, Hot Springs National Park (1936); W. E. Gray, Hot Springs National Park (1937).

ARRANGEMENTS—(Host Society 1935 meeting)—D. W. Goldstein, Chairman; C. S. Holt, J. A. Foltz, H. Moulton, M. E. Foster, W. G. Elberle, I. F. Jones.

NECROLOGY—W. H. Mock, Chairman, Prairie Grove (1935); J. M. Lemons, Pine Bluff (1936); H. Moulton, Fort Smith (1937).

AUXILIARY—L. J. Kosminsky, Chairman, Texarkana (1935); W. T. Wootton, Hot Springs National Park (1936); C. S. Holt, Fort Smith (1937).

CANCER CONTROL—D. W. Goldstein, Chairman, Fort Smith (1937); R. L. Saxon, Little Rock (1936); L. A. Purifoy, El Dorado (1935).\*

\* Deceased.



## ANNOUNCEMENTS

### REGISTRATION

The registration desk will be located in the Goldman Hotel lobby and will be open from 8:00 a. m. to 5:00 p. m.

The delegates are requested to register as early as possible, so that the House of Delegates may proceed with its business, beginning promptly at 9:30 a. m., April 15th. Members are also requested to register and receive the official badge and program.

All meetings except the open session on Monday evening, April 15th, will be held in the Goldman Hotel. The open session will be held in the Senior High School Auditorium, North 23rd and "B" streets.

### MEETING OF THE COUNCIL

The Council of the Arkansas Medical Society, including the Past-presidents, will meet at noon each day with luncheon in the private dining room, Goldman Hotel, immediately following the adjournment of the morning sessions.

### GOLF

Members will be privileged to play at Rolling Knolls, Hardscrabble, or U. C. T. Clubs. Greens fees will be waived on presentation of the official badge. The Dewell Gann, Jr., cup will be contested for at Hardscrabble Country Club. Members desiring to play golf are requested to so indicate when registering. Further announcements will be made during the meeting.

### CIVIC CLUBS

Meeting in Goldman Hotel at 12:10 p. m.

Tuesday, April 16th—LION'S CLUB.

Wednesday, April 17th—ROTARY CLUB.

## PROGRAM

### HOUSE OF DELEGATES

First Meeting, Goldman Hotel, April 15, 9:30 a. m.

Meeting called to Order by F. O. Mahony, President.

Calling Roll of Delegates.

Appointment of Credentials Committee and their report.

Introduction of Fraternal Delegates.

Adoption of Minutes of the Fifty-Ninth Annual Session as published in the June, 1934, issue of the Journal of the Arkansas Medical Society.

Appointment of Reference Committee.

### REPORT OF COMMITTEES

SCIENTIFIC WORK—L. L. Purifoy, Chairman.

MEDICAL LEGISLATION—Val Parmley, Chairman.

HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Chairman.

MEDICAL EDUCATION AND HOSPITALS—Joe F. Shuffield, Chairman.

PUBLIC RELATIONS—D. A. Rhinehart, Chairman.

MEDICAL ECONOMICS—I. F. Jones, Chairman.

SCIENTIFIC EXHIBIT—F. H. Krock, Chairman.

NECROLOGY—W. H. Mock, Chairman.

CANCER CONTROL—D. W. Goldstein, Chairman.

ARRANGEMENTS—D. W. Goldstein, Chairman.

REPORT OF THE COUNCIL—S. J. Wolfermann, Chairman.

ADVISORY COMMITTEE TO THE EMERGENCY RELIEF ADMINISTRATION—M. E. McCaskill, Chairman.

REPORT OF THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY—A. S. Buchanan, Secretary.

REPORT OF DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION—L. J. Kosminsky.

REPORT OF FRATERNAL DELEGATES.

REPORT OF THE TREASURER.

REPORT OF THE SECRETARY.

NEW BUSINESS.

SELECTION OF THE NOMINATING COMMITTEE.

SELECTION TO FILL VACANCIES ON THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY. (Report to be made at the final general session.) Terms expiring: W. A. Snodgrass, Little Rock; W. W. Verser, Harrisburg, and W. W. York, Ashdown. Drs. Verser and York have served eight years which, according to law, eliminates them from further service.

## SCIENTIFIC SESSION

MONDAY, APRIL 15, 1:30 P. M.

CALLING THE SOCIETY TO ORDER—F. O. Mahony, President.

INVOCATION—Rev. H. C. Henderson, First Methodist Church.

ADDRESS OF WELCOME—Hon. Jim Jordan, Mayor of Fort Smith.

ADDRESS OF WELCOME ON BEHALF OF SEBASTIAN COUNTY MEDICAL SOCIETY—F. H. Krock, Fort Smith.

RESPONSE ON BEHALF OF THE ARKANSAS MEDICAL SOCIETY—W. T. Wootton, Hot Springs National Park.

President's Annual Address.

"The Functions of the American Medical Association," Walter L. Bierring, President, American Medical Association, Des Moines.

"Some Diagnostic Problems in Diseases of the Lungs"—S. E. Thompson, President, Texas State Medical Association, Kerrville, Texas.

"The Problem of Malaria"—W. B. Grayson, Little Rock.

"The Use and Abuse of Digitalis"—A. G. Sullivan, Hot Springs National Park.

"Vaginal Hysterectomy with the Original Pryor Clamp"—H. D. Wood, Fayetteville.

### NOTICE

Stenographic report of discussions will not be available for the 1935 annual session. This is in line with the practice of a number of medical societies and is in effect for the 1935 session as an experimental measure. Discussants are requested, therefore, to furnish a summary of their remarks to the editor at their earliest convenience in order that the discussion may be published with the paper in The Journal.

**EVENING SESSION**

(Open to the Public)

**SENIOR HIGH SCHOOL AUDITORIUM,**  
23rd and "B" Streets  
8:00 P. M.

CALLING THE MEETING TO ORDER—F. H. Krock, President, Sebastian County Medical Society.

INVOCATION—Rev. Carleton D. Lathrop, St. John's Episcopal Church.

INTRODUCTION OF DISTINGUISHED GUESTS—F. O. Mahony, President, Arkansas Medical Society.

ADDRESS—Mrs. Rogers N. Herbert, Nashville, Tennessee, President, Woman's Auxiliary to the American Medical Association—"The Woman's Auxiliary and the Medical Profession."

ADDRESS—Walter L. Bierring, M. D., Des Moines, President, American Medical Association—"The Doctor and Plans for Economic Security."

**MEMORIAL SESSION**

TUESDAY, APRIL 16, 8:30 A. M.

Joint Session with the Auxiliary  
Goldman Hotel

CALLING MEETING TO ORDER—President Mahony.

INVOCATION—Rev. J. W. Hickman, First Presbyterian Church.

MUSICAL SELECTIONS—Southwestern Studios of Musical Art.

MEMORIAL ADDRESS—W. H. Mock, Prairie Grove.

MUSICAL SELECTIONS—Southwestern Studios of Musical Art.

BENEDICTION.

**DECEASED MEMBERS**

William Edward Hughes, Pocahontas, March 27, 1934.

Spencer Allen Collom, Texarkana, April 26, 1934.

Oleander Howton, Luxora, May 7, 1934.

David A. Hutchinson, Nashville, May 27, 1934.

Miles Dawson Kelly, Lonoke, June 11, 1934.

William H. McKie, Wynne, June 13, 1934.

Benjamin F. Tarver, Star City, June 20, 1934.

Othello Moreno Bourland, Van Buren, June 28, 1934.

James Vance Ferguson, El Dorado, July 8, 1934.

Walton W. Lowe, Gillett, September 16, 1934.

Frank C. Robinson, Little Rock, September 19, 1934.

Arthur Gilbert Harrison, Searcy, October 5, 1934.

Edward Walker Blackburn, Ozark, October 31, 1934.

Charles Edward Park, DeWitt, November 20, 1934.

Elam Hensley Stevenson, Fort Smith, November 20, 1934.

Warren Laws Snider, Hot Springs National Park, December 12, 1934.

William Hunt Blankenship, Pine Bluff, December 12, 1934.

Frank E. Huddle, Little Rock, January 14, 1935.

William H. Miller, Little Rock, January 24, 1935.

Virgil L. Pascoe, Newark, January 29, 1935.

Leslie A. Purifoy, El Dorado, January 26, 1935.

Phillip Ross Watkins, Mena, February 24, 1935.

James Wiley Slaughter, Kilgore, Texas, March 17, 1935.

William Noah Elkins, Junction City, March 17, 1935.

**SCIENTIFIC SESSION**

TUESDAY, APRIL 16, 9:30 A. M.

"Appendicitis in Childhood"—Eugene Rosamond, Memphis.

"Cicatrical Stenosis of the Oesophagus"—Lucian H. Landry, New Orleans.

"Fractures About the Elbow"—Val Parmley, Little Rock.

"Underwater Therapy in the Treatment of Chronic Arthritis" (Motion picture presentation)—Euclid M. Smith, Hot Springs National Park.

"A Review of 300 Cases of Breast Tumors"—M. J. Kilbury, Little Rock.

**SCIENTIFIC SESSION**

TUESDAY, APRIL 16, 1:30 P. M.

"Types of Neurosyphilis Benefited by Malaria Therapy"—Paul A. O'Leary, Rochester, Minnesota.

"Practical Management of the Asthmatic Child"—Ralph Bowen, Oklahoma City.

"Further Studies in Prostatic Resection"—H. Fay H. Jones and T. Duell Brown, Little Rock.

"Hysetria in General Practice"—F. P. Hardy, Searcy.

"Undulant Fever"—H. A. Dishongh, Little Rock.

"Management of Pertussis"—Robert Hood, Russellville.

**SCIENTIFIC SESSION**

WEDNESDAY, APRIL 17, 9:00 A. M.

"Cancer of the Rectum: Factors Affecting Its Cure"—(Motion picture presentation)—G. V. Brindley, Scott and White Clinic, Temple, Texas.

"Goitre"—(Motion picture presentation)—John M. Smith, Russellville.

"Recent Advances in Gynecology"—Ralph A. Reis, Chicago.

"Bandl's Ring"—Ernest Harl White, Little Rock.

"Femoral Hernia with Unusual Contents"—O. J. T. Johnston, Batesville.

"Malaria"—M. S. Dibrell, Van Buren.

"Vertigo"—Pat Murphey, Little Rock.

**AFTERNOON SESSION**

**FINAL MEETING OF THE HOUSE OF DELEGATES**  
GOLDMAN HOTEL, APRIL 17, 1:30 P. M.

CALLING MEETING TO ORDER—F. O. Mahony, President.

ROLL CALL.

REPORT OF NOMINATING COMMITTEE.

ELECTION OF OFFICERS:

President-Elect.

First Vice-President.

Second Vice-President.

Third Vice-President.

Secretary.

Treasurer.

Five Councilors.

Delegate to the A. M. A.



REPORT OF THE COMMITTEES.  
FURTHER NEW BUSINESS.  
ADJOURNMENT.

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**FINAL GENERAL SESSION**  
**WEDNESDAY AFTERNOON, APRIL 17**  
(Immediately after adjournment of the  
House of Delegates)

CALLING MEETING TO ORDER—F. O. Mahony, President.  
UNFINISHED BUSINESS.  
REPORT OF THE REFERENCE COMMITTEE.  
PRESENTATION OF PRESIDENT M. E. McCASKILL.  
PRESENTATION OF PRESIDENT-ELECT.  
NEW BUSINESS.  
SELECTION TO FILL VACANCIES ON THE STATE  
BOARD OF MEDICAL EXAMINERS.  
SELECTION OF PLACE OF NEXT MEETING.  
ADJOURNMENT SINE DIE.

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**PROCEEDINGS OF SOCIETIES**

The February meeting of the Little River County Medical Society was held jointly with the dentists, druggists and health workers of the county with speakers from each profession. Officers elected for 1935 were: President, P. H. Phillips; Secretary-treasurer, J. W. Ringgold; Delegate, H. Castile; Alternate, P. H. Phillips.

A preliminary organization meeting of the Arkansas State Pediatric Association was held in Little Rock on March 6th by the following: C. B. Billingsley, Fort Smith; G. D. Murphy, El Dorado; A. C. Kirby, Little Rock; Sam Phillips, Little Rock; V. T. Webb, Little Rock; Irving Spitzberg, Little Rock; Charles Wallis, Little Rock; J. E. Jones, Little Rock; Morgan Smith, Little Rock; Madeline Melson, Little Rock; and E. C. McMullen, Pine Bluff. The objects and purposes of the Society as set forth in the constitution are: "To bring into closer relationship the pediatricians of the state and those especially interested in the life and care of the child; That members of this Society may, through organization and association, be stimulated to espouse sound and thorough pediatric education and be encouraged to maintain the highest standards in pediatric practice; that there may be a better co-operation with local, state, federal and other approved agencies devoted to the promotion of child welfare; that the stimulation of the in-

terest of the general practitioner in the problems of child life may be increased and post-graduate study in pediatrics encouraged." Membership is not limited to those who limit their work to pediatrics, provision being made for the admission of those physicians who are especially interested in the life and care of the child, who may, through associate membership, enjoy the clinical privileges of the Society. The first annual meeting will be held at Fort Smith on the morning of April 15th and similar annual meetings will be held at the place and time of the annual session of the Arkansas Medical Society. Officers are: Morgan Smith, Chairman, and Madeline Melson, Secretary.

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The St. Francis County Medical Society held its annual meeting at Forrest City during February, a dinner preceding the program. Speakers were: R. Longest, Wynne; J. O. Rush, Forrest City; W. B. Grayson, Little Rock; Russell Hennessey, Memphis, and F. Vinsonhaler, Little Rock. Officers elected are: President, C. V. Powell, Round Pond; Vice-President, H. L. McLendon, Palestine; Secretary-treasurer, J. O. Rush, Forrest City; Delegate, W. A. Winter, Widener; and Alternate, H. L. McLendon, Palestine.

J. O. RUSH, Secretary.

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The Faulkner County Medical Society was addressed February 21st by R. L. Saxon, Little Rock, on "The Pathology, Diagnosis and Treatment of Cancer of the Uterus."

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The Crawford County Medical Society met at Van Buren February 26th. Dr. Fount Richardson, Fayetteville, acting district health officer, explained the plan for a district health unit to be composed of Crawford, Benton and Washington counties.

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The Benton County Medical Society met February 21st as the guests of J. T. Powell, of Gravette, for a dinner meeting. Drs. Clyde McNeil and J. T. Powell were speakers on the scientific program.

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The Pope-Yell County Medical Society was addressed at its March 7th meeting held in Danville by Geo. F. Jackson, Little Rock, on "Common Skin Diseases."

The Lawrence County Medical Society met at Walnut Ridge February 12th with the following scientific program: "Roentgen-ray Treatment of Carbuncle," J. C. Hughes, Hoxie, and "Treatment of Pneumonia," W. W. Hatcher, Imboden.

CHAS. D. TIBBELS, Secretary.

The Ouachita County Medical Society was addressed on March 6th by Randolph Smith, Sam Phillips and J. S. Levy, of Little Rock, and L. L. Purifoy, El Dorado. A motion picture, "Malaria," was presented.

S. C. Fulmer and M. J. Kilbury, Little Rock, addressed the Monroe County Medical Society March 14th at Brinkley.

The Sixth Councilor District Medical Society and the Tri-County Clinical Society met in joint session at Prescott March 12th. The following scientific program was presented:  
Address—F. O. Mahony, El Dorado.

"Errors in Treatment of Fractures of the Long Bones," Guy A. Caldwell, Shreveport.

"Personal Ideas of the Prostatic Question," Wm. Hibbitts, Texarkana.

"Common Skin Diseases," Geo. F. Jackson, Little Rock.

"Care and Feeding of Infants," E. C. Mitchell, Memphis.

"Cancer of the Large Bowel," H. W. Hundling, Little Rock.

"Undulant Fever," S. C. Fulmer, Little Rock.

"Streptococcal Infection and Septicemia," M. J. Kilbury, Little Rock.

"Tuberculosis," J. D. Riley, State Sanatorium.

S. B. Hinkle, Little Rock, also addressed the meeting, and a motion picture film, "Cancer Control," was exhibited.

Benton County Medical Society was addressed at its March 14th meeting by J. A. Foltz, Fort Smith, on "Health Insurance in Medicine."

Washington County Medical Society met at the Veterans Administration Facility, Fayetteville, March 13th, for a presentation of the film, "Insulin," furnished by Eli Lilly and Company. About 400 persons, including nurses, pre-medical students and other persons interested in diabetes, were present in addition to the members of the society. W. A. Jones, Fayetteville, has been elected a member of the society.

FOUNT RICHARDSON, Secretary.

## PERSONALS AND NEWS ITEMS

B. E. Hendrix, Gillham, has been elected president of the newly-organized Horatio State Bank.

Dr. and Mrs. J. S. Rinehart, Camden, spent the month of February on vacation in California.

W. A. Purifoy, Chidester, is recovering from a prolonged illness.

N. G. Partee, Stephens, has recovered from an illness which required hospitalization in the Camden hospital.

J. S. Wilson, Monticello, has installed in the Mack Wilson Hospital a 200 Kv., 25 Ma. deep therapy unit.

W. M. Blackshare, Hot Springs National Park, addressed the Lion's Club February 21st on sterilization laws.

The Physicians Business and Credit Rating Bureau of Jonesboro has been organized with the following officers: President, Ralph M. Sloan; Vice-President, H. A. Stroud, Sr., and Board of Governors, P. W. Lutterloh, R. H. Willett, R. M. Jernigan, W. C. Overstreet and J. T. Altman.

F. H. Krock, Fort Smith, addressed the District meeting of the American College of Surgeons held in Kansas City March 13th on "Indications for the Surgical Treatment of Pulmonary Tuberculosis."

"Jaundice as a Symptom," by O. C. Melson, Little Rock, appeared in the March Southern Medical Journal.

MARRIED—Chas. E. Kennedy and Miss Mary Johnson, both of Smackover, on March 29th. The Journal offers congratulations.

David Levine, El Dorado, addressed the Self Culture Club of that city, March 7th, on "Modern Methods of Diagnosis."

Recently appointed by the Governor were: C. S. Holt, Fort Smith, Trustee, Arkansas Tuberculosis Sanatorium; B. D. Luck, Pine Bluff, Member, Board of Nurse Examiners; and P. M. Smith, Magnolia, Trustee, Magnolia A. & M. College.



J. C. Ogden, Fort Smith, took postgraduate work at Washington University in February.

O. J. T. Johnston addressed the Batesville American Legion Post in February.

Dr. Milton John, a graduate of the University of Arkansas Medical School in 1933, is now associated in practice with his father, Dr. M. C. John, at Stuttgart.

The following attended the District Meeting of the American College of Surgeons in Kansas City during March: H. C. Dorsey, Fort Smith; E. F. Ellis, Fayetteville; R. M. Eubanks, Little Rock; L. Gardner, Russellville; S. B. Hinkle, Little Rock; J. S. Jenkins, Pine Bluff; H. Fay H. Jones, Little Rock; F. H. Krock, Fort Smith, Clyde McNeil, Rogers; W. H. Mock, Prairie Grove; H. Moulton, Fort Smith; R. L. Smith, Russellville; W. F. Smith, Little Rock; Joe F. Shuffield, Little Rock, and B. L. Ware, Greenwood.

H. Moulton, Fort Smith, was the guest of the Dallas Southern Clinical Society, conducting the round table luncheon for ophthalmologists on March 20th and a clinic on "Cataract" March 21st.

J. A. Foltz, Fort Smith, addressed the Van Buren Lions Club March 13th on "Nobel Prize Awards in Medicine."

J. M. Taylor, Fort Smith, has resumed practice after an illness of several months.

J. D. Riley, State Sanatorium, addressed the Men's Club of the First Presbyterian Church of Fort Smith March 22nd on "Tuberculosis."

In attendance at the 1935 session of the Dallas Southern Clinical Society were: C. E. Benefield, H. Moulton, Fort Smith; I. G. Jones, DeQueen; Joe F. Rushton, Magnolia, and R. C. Shanlever, Jonesboro.

"The Problem of Diagnosis of Diseases in Their Incipency," by L. H. Lanier, Texarkana, appeared in the March Tri-State Journal.

Pulaski County Medical Society was addressed March 22nd by Louis Hamman, of Baltimore, on "Heart Pain," and Douglas Quick, New York, on "Radiation Therapy in Cancer."

BORN—To Dr. and Mrs. L. S. Dunaway, Jr., of Conway, a son, Louis S. Dunaway, III. Congratulations!

## AUXILIARY NEWS

### PRESIDENT'S PRE-CONVENTION MESSAGE

This year in order that we might have an educational as well as a social program, two of our national officers have been invited to speak to the Auxiliary meeting—Mrs. Rogers N. Herbert, President, Woman's Auxiliary to the American Medical Association, and Mrs. David S. Long, Chairman, Public Relations Committee of the Woman's Auxiliary to the American Medical Association.

On Monday, April 15th, many important matters will be discussed. County Presidents and Delegates are asked to please be present. A new feature this year will be the county president's luncheon on this day, with Mrs. David S. Long as the speaker. This luncheon is open to all members but county presidents, county presidents-elect and executive board members are especially urged to attend.

There will be many social features as many of you will attest to the charming hospitality of the Sebastian County Medical Society and Auxiliary.

All visiting ladies and wives of physicians in attendance at the state meeting are invited to attend the meetings of the Auxiliary, whether members of the Auxiliary or not.

MRS. WM. HIBBITTS, President.

The Medical Auxiliary, Bowie and Miller Counties, met February 22nd, at the home of J. F. Williams, with Mrs. H. H. Smiley, Mrs. E. M. Watts, Mrs. William Hibbitts and Mrs. H. R. Webster, co-hostesses.

Mrs. Decker Smith, President, presided.

Resolutions upon the death of Mrs. Preston Hunt, a beloved member, were read by Mrs. Harry Murry, followed by a prayer by Mrs. J. T. Robinson. Announcement of a contest to be held in the Junior High (Public and Parochial) schools of the city was made, the subject being "Communicable Diseases."

Mrs. H. P. Phillips of Ashdown led the program, her subject being "Review of the Past Twelve Years' Work in the Auxiliary." Mrs. William Hibbitts then told of her work as State President in Arkansas.

The Woman's Auxiliary to the Pulaski County Medical Society met March 20th at the home of Mrs. K. W. Cosgrove. Co-hostesses were: Mesdames Frank O. Rogers, Geo. F. Jackson, S. P. Junkin and Clyde Rodgers.

The Obstetrical Pack Committee of the Woman's Auxiliary to the Pulaski County Medical Society met March 13th at the home of Mrs. M. E. McCaskill. Mesdames J. B. Crawford, President; B. A. Bennett, C. E. Oates, D. M. Switzer, A. C. Shipp, Harvey Shipp, R. A. Law, S. C. Fulmer and L. F. Barrier were present. Following the work session refreshments were served by the hostess.

The Woman's Auxiliary to the Sebastian County Medical Society met March 18th at the home of Mrs. M. E. Foster. Plans for the state meeting were discussed and the following officers elected: President, Mrs. Pierre Redman; Vice-president, Mrs. J. E. Stevenson; Secretary, Mrs. H. C. Dorsey; and Treasurer, Mrs. B. B. Bruce.

The Woman's Auxiliary to the Arkansas Medical Society has been honored by the invitation extended to its President, Mrs. Wm. Hibbitts, to respond to the address of welcome at the meeting of the Woman's Auxiliary to the American Medical Association in Atlantic City June 10-14.

**WOMAN'S AUXILIARY  
TO THE  
ARKANSAS MEDICAL SOCIETY  
ELEVENTH ANNUAL MEETING  
APRIL 15, 16, 17, 1935  
FORT SMITH, ARKANSAS  
HEADQUARTERS: WARD HOTEL**

**OFFICERS**

PRESIDENT—Mrs. William Hibbitts, Texarkana.  
PRESIDENT-ELECT—Mrs. Marcus T. Smith, Conway.  
FIRST VICE-PRESIDENT—Mrs. Chas. E. Garrett, Hot Springs National Park.  
SECOND VICE-PRESIDENT—Mrs. R. C. Dorr, Batesville.  
THIRD VICE-PRESIDENT—Mrs. Anderson Watkins, Little Rock.  
FOURTH VICE-PRESIDENT—Mrs. J. B. Jameson, Camden.  
SECRETARY—Mrs. H. E. Murry, Texarkana.  
TREASURER—Mrs. L. J. Kosminsky, Texarkana.  
PUBLICITY SECRETARY—Mrs. D. W. Goldstein, Fort Smith.  
HISTORIAN—Mrs. C. W. Garrison, Little Rock.  
PARLIAMENTARIAN—Mrs. F. M. Williams, Hot Springs National Park.

**COUNCILORS**

Mrs. B. A. Rhinehart, Little Rock.  
Mrs. P. H. Phillips, Ashdown.  
Mrs. W. R. Brooksher, Fort Smith.  
Mrs. Chas. E. Oates, Little Rock.  
Mrs. C. G. Hinkle, Batesville.

**ADVISORY BOARD**

L. J. Kosminsky, Texarkana.  
W. T. Wootton, Hot Springs National Park.  
C. S. Holt, Fort Smith.

**COMMITTEE CHAIRMEN—1934-35**

ORGANIZATION—Mrs. Chas. E. Garrett, Hot Springs National Park.  
EDUCATION AND PUBLIC HEALTH—Mrs. J. T. McLain, Gurdon.  
ILSE F. OATES LOAN FUND—Mrs. Chas. E. Oates, Little Rock.  
HYGEIA—Mrs. B. A. Bennett, Little Rock.  
CONSTITUTION AND BY-LAWS—Mrs. S. A. Collom, Texarkana.  
PUBLIC RELATIONS—Mrs. Pierre Redman, Fort Smith.  
MEMORIAL—Mrs. C. G. Hinkle, Batesville.  
FINANCE—Mrs. Curtis Jones, Benton.  
EXHIBITS—Mrs. C. A. Archer, DeQueen.  
PHYSICAL HEALTH EXAMINATION—Mrs. L. H. Lanier, Texarkana.  
JANE TODD CRAWFORD MEMORIAL—Mrs. E. A. Calahan, Carlisle.  
ARCHIVES—Mrs. T. G. Porter, Hazen.  
PROGRAM—Mrs. D. W. Goldstein, Fort Smith.  
CREDENTIALS—Mrs. B. W. Freer, Fort Smith.

**LOCAL COMMITTEES**

GENERAL CHAIRMAN—Mrs. W. R. Brooksher.  
ENTERTAINMENT—Mrs. M. E. Foster.  
DECORATIONS—Mrs. A. F. Hoge.  
LUNCHEON—Mrs. E. C. Moulton, Mrs. C. S. Holt, Mrs. Pierre Redman.  
PROGRAM—Mrs. D. W. Goldstein, Mrs. A. A. Blair.  
TEA—Mrs. S. J. Wolfermann, Mrs. J. C. Amis, Mrs. J. A. Foltz.

COURTESY—Mrs. I. F. Jones, Mrs. J. S. Southard, Mrs. A. S. Chapman, Mrs. Fred Krock, Mrs. B. B. Bruce, Mrs. H. W. Savery.

PUBLICITY—Mrs. W. F. Rose.

TRANSPORTATION—Mrs. W. G. Eberle.

REGISTRATION AND CREDENTIALS—Mrs. B. W. Freer, Mrs. C. S. Bungart, Mrs. S. P. Stubbs, Mrs. G. G. Woods.

**PROGRAM**

**MONDAY, APRIL 15**

**Ward Hotel**

8:30 A. M.—REGISTRATION.  
10:00 A. M.—EXECUTIVE BOARD MEETING.  
12:00 M. —COUNTY PRESIDENT'S LUNCHEON.  
ADDRESS—Mrs. David Long, Chairman, Public Relations Committee, Woman's Auxiliary to the American Medical Association, Harrisonville, Missouri—"What Now, Auxiliary Women?"  
ROUND TABLE DISCUSSION.  
1:30 P. M.—GENERAL SESSION.  
CALLING MEETING TO ORDER—Mrs. J. E. Stevenson, President, Woman's Auxiliary to the Sebastian County Medical Society.  
INVOCATION—Rabbi Samuel Teitelbaum, Fort Smith.  
ADDRESS OF WELCOME—Mrs. E. C. Moulton, Fort Smith.  
RESPONSE TO ADDRESS OF WELCOME—Mrs. L. T. Evans, Batesville.  
INTRODUCTION OF STATE PRESIDENT—Mrs. Wm. Hibbitts, Texarkana.  
INTRODUCTION OF HONOR GUESTS.  
ANNOUNCEMENTS OF SPECIAL COMMITTEES.  
REPORT OF REGISTRATION COMMITTEE.  
REPORT OF ENTERTAINMENT COMMITTEE.  
REPORT OF COMMITTEE ON CONSTITUTION AND BY-LAWS—Mrs. S. A. Collom, Texarkana.  
REPORT OF A. M. A. AUXILIARY MEETING—Mrs. B. A. Rhinehart, Little Rock.  
REPORT OF THE S. M. A. AUXILIARY MEETING—Mrs. T. G. Porter, Hazen.  
4:00- 6:00 P. M. TEA—Residence of Mrs. S. J. Wolfermann, 1109 Adelaide Avenue.

**TUESDAY, APRIL 16**

8:30 A. M.—MEMORIAL SERVICE—Goldman Hotel.  
(Joint Session with Arkansas Medical Society.)

**DECEASED MEMBERS**

Delia Lock Preston, Hot Springs National Park, September 9, 1934.  
Sue Eva Poynor, Harrison, June 13, 1934.  
Gladys Simon Kirkpatrick, Texarkana, July 20, 1934.  
Hattie Hutton Hunt, Texarkana, January 27, 1935.



**GENERAL SESSION****TUESDAY, APRIL 16****Ward Hotel, Gold Room**9:30 A. M.—**CALLING MEETING TO ORDER**—Mrs. Wm. Hibbits.**READING OF MINUTES.****REPORTS—**

State Officers.

Standing Committees.

**ADDRESS**—Dr. F. O. Mahony, El Dorado, President, Arkansas Medical Society.**ROLL CALL AND REPORTS OF COUNTY AUXILIARIES.****REPORT OF CREDENTIALS COMMITTEE.****REPORT OF NOMINATING COMMITTEE.****ELECTION OF OFFICERS.****REPORT OF RESOLUTIONS COMMITTEE.**1:00 P. M.—**LUNCHEON**—Hardscrabble Country Club. **TOASTMISTRESS**—Mrs. J. E. Stevenson.**INTRODUCTION OF VISITORS.****INTRODUCTION OF PAST-PRESIDENTS.****INTRODUCTION OF WIVES OF STATE MEDICAL SOCIETY OFFICERS AND STATE OFFICERS.****PRESIDENT'S REPORT.****VIOLIN SOLO**—Madeline Marker.**ADDRESS**—Mrs. Rogers N. Herbert, Nashville, Tennessee, President, Woman's Auxiliary to the American Medical Association—"The New Deal and the Auxiliary."**SELECTIONS**—Senior High School Boys' Quartette.**UNFINISHED BUSINESS.****INSTALLATION OF NEW OFFICERS.****ADDRESS OF INCOMING PRESIDENT**—Mrs. Marcus T. Smith, Conway.3:30 P. M.—**POST-CONVENTION BOARD MEETING**—Mrs. Marcus T. Smith, Presiding.**WEDNESDAY, APRIL 17**9:30 A. M.—**SCENIC DRIVE TO OZARK MOUNTAINS.** Cars will leave Ward Hotel.**HONOR GUESTS**

Mrs. Rogers N. Herbert, Nashville, Tennessee, President, Woman's Auxiliary to the American Medical Association.

Mrs. David S. Long, Harrisonville, Missouri, Chairman, Public Relations Committee, Woman's Auxiliary to the American Medical Association.

**COUNTY PRESIDENTS—1934-35**

Arkansas—Mrs. W. W. Lowe, Gillett.

Clay—Mrs. W. O. Parish, Rector.

Columbia—Mrs. W. P. Cooksey, Magnolia.

Cross—Mrs. Austin F. Barr, Cherry Valley.

Crittenden—Mrs. T. S. Hare, Crawfordsville.

Clark-Hempstead-Nevada—Mrs. J. T. McLain, Gurdon.

Faulkner—Mrs. L. S. Dunaway, Jr., Conway.

Garland—Mrs. W. T. Wootton, Hot Springs National Park.

Independence—Mrs. L. T. Evans, Batesville.

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Lonoke-Prairie—Mrs. T. E. Benton, Lonoke.

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Miller—Mrs. Decker Smith, Texarkana.

Lawrence—Mrs. P. C. Neece, Walnut Ridge.

Pulaski—Mrs. J. B. Crawford, Little Rock.

Pope-Yell—Mrs. Robert Hood, Russellville.

Saline—Mrs. E. A. Buckley, Bauxite.

Sebastian—Mrs. J. E. Stevenson, Fort Smith.

Sevier—Mrs. C. E. Kitchens, DeQueen.

Washington—Mrs. Loyce Hathcock, Fayetteville.

Union—Mrs. A. D. Cathey, El Dorado.

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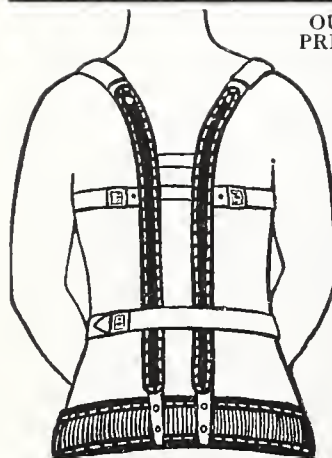
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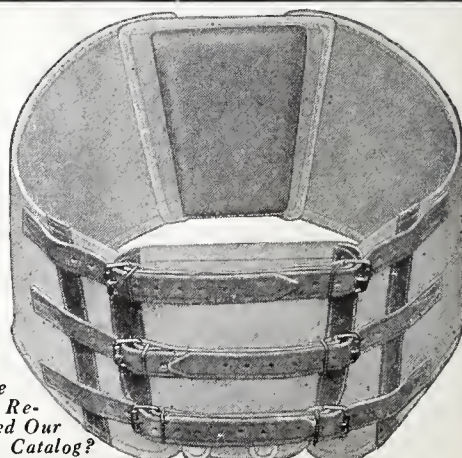
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## BOOK REVIEWS

**Manual of Radiological Technique.** By L. R. Sante, M. D., Professor of Radiology, Saint Louis University School of Medicine; Radiologist to Saint Louis City Hospital and Saint Mary's Hospital, Saint Louis. Paper. Pp. 157, with 141 illustrations. Ann Arbor, Michigan: Edwards Bros., Inc., 1934.

This volume distinctly departs from the usual method of publishing by recourse to lithoprinting. Typewritten pages have been lithoprinted in a reduced pica size on a heavy grade of paper while the illustrations are made by the offset lithographic process. Roentgenograms are reproduced in uniform density and in good detail. The general appearance is most pleasing. Space is provided by blank pages for additional special examinations of the roentgenologist. Short chapters on history and physics introduce the work. All essential factors of roentgenography are fully discussed. The book aims for the development of a uniform technic by the technician and the roentgenologist, presenting all standard positions with the resulting roentgenogram and a discussion of the factors on the same page. The roentgenological consideration for each position and part examined is summarized and the advantages of that particular view are stated. Sante has produced an excellent handbook, clear and concise; a definite aid in developing a uniform technic.

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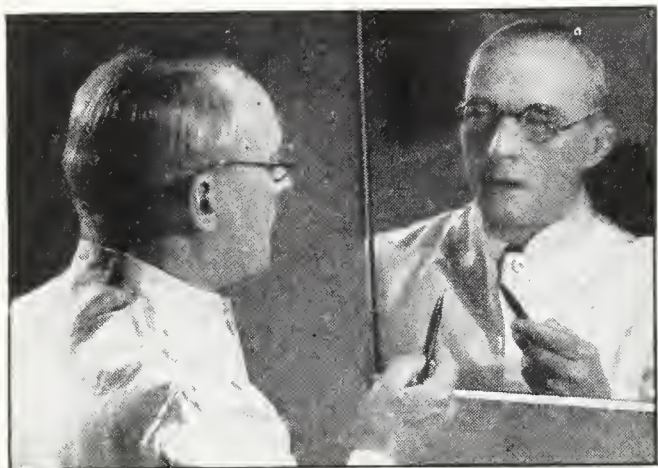
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*Pharmacology of Inflammation: III. Influence of hygroscopic agents on irritation from cigarette smoke.*

Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245★



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# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL



Vol. XXXI

FORT SMITH, ARKANSAS, MAY, 1935

No. 12

## HEALTH EXAMINATION IN RELATION TO CANCER IN WOMEN\*

RUTH ELLIS, M. D.  
Fayetteville

Since cancer, because of its insidious approach, can frequently be detected by a trained physician before it presents symptoms to its host, I have taken the liberty of digressing from my subject, "What Women Should Know About Cancer," to stress the importance of examinations to prevent its occurrence.

It was with the greatest pleasure that I prepared for your consideration this discussion of Health in Women, for that is what the periodic health examination insures. There is no better way of stressing its importance than by presenting its consequences to the group most vitally concerned.

Several years ago the medical profession faced, and to an admirable extent conquered, the problem of prolonging life. Now a new problem presents itself. We must increase the health span, and thus the work span, just as we have lengthened the life span of man.

"The woman who is sound and healthy steps on life's highway with a song in her heart, looking forward eagerly to life's adventure, curious to see what is around the next corner. To her, life's struggle is stimulating, attractive. The woman out of health fears every turn in the road. There is no song in her breast, but a flutter of apprehension. She avoids, rather than seeks, life's struggles.

"Good health is the foundation not only of business success but of successful living. Its influence on personality is profound, and in urging that one's health assets be examined and improved to the highest degree, we are seeking to accomplish that which will make life more colorful, more satisfying, and in every way more livable for the great mass of people."

\* Read before an open meeting of the Woman's Auxiliary to the Sebastian County Medical Society, Fort Smith, February 11, 1935.

It is rather appalling to know that while a man or woman may live to be 58 years of age, the period of physical freedom and full vigor is only from 18 to 31 years; and the period of maximum activity in industry is from 20 to 42 years. Likewise is it disconcerting to realize that the sickness rate from 35 to 45, the years when the work of the world is done, is double that of the years 15 to 34.

The periodic health examination movement is in its youth, but already a mass of experience has accumulated to validate its worth. We all know without statistics that there is a huge economic waste annually from time lost from sickness, and we are vaguely aware that much of this could be prevented. But let us face figures. May I quote from one of our insurance companies their demonstration of possible savings from health supervision and periodic physical examination.

"The expected mortality per 1000 population is 10 lives. The number of substandard or physically impaired per 1000 is 300 lives. Of these 300 substandard lives the expected mortality is 6 lives. With examination, the expected mortality is reduced to 3 lives. This saving of 3 lives results in a saving to the state of \$29,000 per 1000 population."

The results of another health survey are interesting. In examination of 4,473 people, 77 per cent were found either actually ill or with reportable defects; 64 per cent of these defects were directly preventable; 22 per cent were partially preventable, while only 14 per cent were not preventable.

The Life Extension Institute examined a typical group of active workers, post-office employees, and found none without physical defects. Five per cent had moderate defects requiring hygienic correction; 26 per cent had moderate defects requiring medical supervision; 57 per cent had advanced physical impairment requiring systematic medical or surgical care; and 12 per cent needed immediate surgical or medical intervention.

Up to 1931 the Metropolitan Life Insurance



Company showed a mortality 18 per cent among those who had availed themselves of the periodic health examination. This improvement was higher in the older age groups, being 53 per cent in the 50 to 60-year group. If it is good business for an insurance company to provide routine examinations for its policy holders, why should it not be good business for us as individuals to obtain well-being and longevity?

In practically every community, there is provision for pre-natal care, post-natal care, and pre-school examination. The school child has health supervision, colleges provide student health services, and industries are forced from the economic standpoint to safeguard the health of employees; but of a group of 9,000 families who had periodic health examinations as surveyed by the United States Public Health Service, less than 4 per cent were adults. One great group of persons escapes almost completely medical examination and care. Within this group fall women between the ages of 35 and 50, the age range wherein one is most apt to find physical impairment and substandard physical states that pre-dispose to acute and chronic disease. This most important group has been overlooked, the homemakers who contribute so much to social welfare and whose individual physical welfare affects so forcibly the psychology of their homes and ultimately the happiness of the social group.

One of this group, who happens to be a nurse, says in her new book, "So we give you the woman over forty! Freed by nature from her duty of child-bearing, her family brought up, she is ready for the most mentally fruitful and socially profitable period of her career, for the luxury of living for herself. One sees such women everywhere, in the professions, in the art, in public life, full of energy, full of accomplishments. Shortly it will be the exceptional woman who deems that she has fulfilled her mission in life when she sees her children settled. It will be the usual thing for women to make a neat division of their lives, the years up to forty for growing, for learning, for marrying, for bearing children; the late years for self-expression, for service, for all kinds of social and helpful activities."

Yes, at forty may begin the years of promise; but also at forty begin an increasing number of organic defects, such as heart disease, arthritis, mouth infections, conditions resulting from injuries of childbirth, and menopausal diseases. Obesity, gall-bladder disease, diabetes, and visceral syphilis also appear at this age. And then

comes the specter of modern medicine, cancer, with its insidious approach, its universality of appearance, and its deadly finality. Cancer is commonly found between the ages of 35 and 70, and is more frequent among women than men. This is because it develops in chronically irritated tissues. Although the real cause of malignancy is not known, another pre-disposing factor is hereditary tendency. There is no site that is exempt from attack. Malignancy may appear in the uterus, on the cervix, the breast, under the arm, on the finger, in the stomach, in fact, in any tissue in the body. It kills the patient wherever it may grow. It infiltrates and destroys the surrounding parts. It sets up secondary growths or metastases in neighboring lymphatic glands and in distant parts of the body, being spread by the blood-stream or the lymphatics. It tends to recur after incomplete removal. Its growth is relatively rapid.

Perhaps I have painted the picture too dark. Herein lies one of the chief values of the periodic examination. The American Society for the Prevention of Cancer has proved that one-third of cancer cases can be prevented by correcting irritation. Out of 30,000 routine examinations, 553 growths were found. Twenty-two of these were malignant and 11 were operable or curable. Had the examination been earlier, no doubt the curable percentage would have been higher. "A suspicious mind and a good light," when used by a keen medical man, can often detect signs of a growth in the very early stages. At this time steps can be taken to avert further trouble. Radium and X-ray properly used by a competent physician usually inhibit further growth and prevent metastases. I say "properly used, and by a competent physician," advisedly. For improper or inadequate treatment is no better than no treatment. For proper treatment, adequate preparation is essential.

It is a fallacy to assume that we can practice prevention only at the cradle and keep a person perfectly well throughout life. Constant vigilance is necessary to find the first signs of mal-function, to determine how to regain functional balance early, and to prevent the so-called degenerative diseases. We must find and correct those too often simple defects which impair physical well-being.

The periodic health examination serves the double purpose of first, checking the growth of certain diseases which develop unnoticed from their start; and second, preserving by rules of hygiene appropriate to each case those organs

subject to unhealthy tendencies either hereditary or acquired. That, as you see, covers a multitude of evils. And if there are no pathologic processes, isn't the relief of mental strain worth a good deal?

I shall not go into details concerning what should be included in a routine examination. But I think you should know a bare outline. First of all, you should tell your physician the whole story of your daily habits and diet and any symptoms of mal-function or disease. Then you should have all the organs of the body carefully examined. Laboratory work should include a blood count for anemia or other blood dyscrasia, a Wasserman test, and a urinalysis. The X-ray examination if indicated should be made. Blood chemistry tests, a sputum examination, and other examinations should be done as necessary. We cannot, however, stop here. Treatment with correction of defects as indicated is essential to success of the plan.

Since the onset of the depression people are recognizing more fully the value of good health in assuring a good wage earning capacity. Why cannot we recognize the importance of a healthy home maker? Think of the social gains and the benefits in health and in joy of living which would result from health protection of women who are too often careless of their own welfare even though they insist upon health care of their families.

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### ADVANCES IN OVARIAN THERAPY.

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A gynecologist, whose name is known from coast to coast, recently commented in the *Journal of the American Medical Association* (Feb. 23rd) about the cost of ovarian therapy: "It is greatly regretted, he wrote, "that the American products have not been available at prices that justify their preference or at least their being on a parity with the imported material."

Physicians, who have read this statement, will be interested in the announcement from the Squibb Laboratories that the potency of Amniotin—a physiologically tested preparation of the ovarian follicular hormone, has been increased three-fold and the cost per unit has been reduced to about one-tenth of its former price. For hypodermic administration, Amniotin in Oil is now distributed in 1 cc. size ampuls containing 8,000 and 2,000 International Units per cc.

Amniotin Capsules and Pessaries (vaginal suppositories) now contain 1,000 and 2,000 International Units, respectively. The price of these packages is now so low as to compare favorably with the cost of insulin.

These new high-potency preparations should make ovarian hormone (estrin) therapy eminently more satisfactory. Amniotin is indicated in the treatment of menopausal symptoms; involutional melancholia; gonorrheal vaginitis in children; senile vaginitis; breast hyperplasia (lobular type associated with bleeding); selected cases of frigidity, and migrain of pituitary origin.

### LATE SYPHILIS\*

S. F. HOGE, M. D.  
Little Rock

It is somewhat of a challenge when we consider that we have studied, recognized and treated syphilis for nearly five centuries, but that we have neither stopped its spread nor rid our hospitals for nervous diseases of these unfortunate patients. Syphilis, because of its great prevalence, marked vicissitudes, inherent ability to attack and destroy any and every type of body tissue, belongs to the major medical problems. So much is already known relative to the familiar clinical entity, syphilis or lues, that one almost hesitates to present the subject, lest it prove to be a rehash of the data already presented in so masterly a manner, adding little or nothing to our present store of knowledge.

It is firmly established that the *treponema pallida*, isolated and identified by Schaudinn (1), in 1905, is the essential causative factor of every evident manifestation of the disease. The histopathological changes are familiar to the alert pathologist and, except in very few instances, will support a positive statement relative to its presence or absence. When Ehrlich announced the spirocheticidal action of certain arsenical combinations in 1910, it was hoped and believed that this type of ammunition would bombard the spiral organism out of its every stronghold. Would a frank audit of our present data, with a cold scientific analysis of the results, tend toward optimism or incline our thoughts along lines of further research which bid fair to be far more fruitful than those already conquered?

If we are to accept the references made in the Chinese medical literature during the Ming dynasty, they were treating syphilis more than five and one-half centuries ago, and they were familiar with gonorrhea about 3000 B. C. The study of bone lesions of the Aztec Indians of Central and South American countries suggest a very ancient prevalence of this disease. The European countries were scourged by this plague in the latter part of the fifteenth and early part of the sixteenth centuries. It ranks second only to "Black Death," which swept away one-fourth the population of the earth at that time (over sixty million human beings) and has been known as the "King of Terrors." The syphilitic plague appeared about the time of the siege of Naples

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\* Read before the Fifty-ninth Annual Session of the Arkansas Medical Society, held in Little Rock, April 16-18, 1934.



in 1495. Whether or not Columbus sailed without it and returned a victim of the torch of the shrine of Venus, remains a quandry. We know that shortly after his return epidemic syphilis swept the country, visiting peasant, soldier, ruling class and all, alike. From that time on to the present, nothing has checked its riotous devastation. Being a social venereal disease, its legal restraint by law or order becomes next to impossible.

At present, syphilis is, in some respects, less obviously malignant than formerly; the terrible bone lesions are now rarely seen except in museums. It might be inferred that this is due to treatment but improvement began long before the introduction of salvarsan, bismuth or silver. The question of greater racial resistance looms strong on the horizon of improvement. The newer methods of treatment have greatly shortened the duration of the infective period (an accomplishment to be proud of which may in time pave the way to the elimination of this scourge), but their influence on the late nervous and vascular lesions, tabes, general paralysis, aneurysm, cardiac disease, cannot be finally estimated at this time. Some statistics (2), suggest that unless they produce complete sterilization rapidly the arseno-benzol preparations may damage the immunity mechanism. This is strongly suggested by the increased frequency of aortitis, aneurism and myocarditis (3), tabes and general paralysis.

To enhance our knowledge of the clinical manifestations, and to emphasize the optimum time for prevention and therapeutics, we have the three, and possibly four, stages of the disease; the primary, or stage of the chancre, the secondary, or stage of eruption, and the tertiary, or stage of the gumma. The fourth phase is manifested in such clinical entities as tabes dorsalis and general paralysis. It is with this phase that this paper is particularly interested, and we wish to present our data, hoping to prove a *vis a tergo* to our interest in prevention and intensification of treatment during the infective stage.

Peterson (4) states that a graphic plot of the incidence of syphilis shows 35 per cent of the population of the southern states to be involved, and that as we proceed north the incidence falls to about 10 per cent, while the incidence of tabes and paresis is just the reverse. Cole, Moore, O'Leary et al, (5), following a most careful and thorough study of late or latent syphilis, developed some very interesting data that should again emphasize the importance of pre-

vention and early intensive treatment. "The probable outcome of untreated latent syphilis, assuming that the disease has existed at least four years, so that the patient's own defense mechanism has had sufficient time to become firmly established, a searching physical examination having revealed no lesions, especially of the cardio-vascular or central nervous system, and that the cerebro-spinal fluid is negative; one is probably justified in predicting that a given patient, if he receives no treatment at all, has about two chances in ten of developing any serious trouble, at worst no more than three chances in ten. If lesions do occur, there is probably no more than an even chance that they will be incapacitating. Cardio-vascular involvement is the great risk which must be feared. Dealing with the prognostic value of a negative spinal fluid in late syphilis, the danger of development of neuro-syphilis (probably excepting only a more or less purely vascular involvement) is largely passed by the time true latency is achieved. Furthermore, if no evidence of cardio-vascular involvement can be found on the basis of symptoms, physical signs or X-ray at the original examination of the patient with late syphilis, one may hazard the additional prognostic guess that even if clinical evidence of this type of involvement does ultimately appear, it will probably only occur after ten or more years."

In addition to all that has been studied and tried, and cognizant that the topographic map of tabetic and paretic prevalence of the United States parallels the storm tracks, our southern hospitals for nervous diseases carry about 14 to 15 per cent of patients who are suffering from a disease contracted not "in line of duty." The data presented is a study of 42 cases as compiled by O'Neil and Wright (6), and 60 cases of our own observation carried out along parallel lines, making in all 102 cases of general paralysis. Only the final summaries will be given as a detailed report would be cumbersome and of interest to but a small majority. The average age of the patients in this series is 40 years. The average time elapsing from the history of chancre to admission to the hospital is 156.5 months. The average time from onset of mental symptoms to hospitalization is 60.7 months. The average time from appearance of chancre to onset of mental disease is 78.5 months. The death rate is approximately 16 per cent, based on the records of a six-year period. The percent of patients discharged from the hospital during the same period and classed as improved is 27 per cent,

having 57 per cent still on our hospital service, of which about 80 per cent are on closed wards. At first glance, not a very encouraging result, but when we compare the present percentages with those of several years passed and consider the difference in the physical status of our patients, we may rightfully assume a more optimistic attitude in the handling of what were considered hopeless cases. The number of months spent in the hospital by the group of 60 patients during the six years is 3,363. The financial burden at the rate of \$4.74 per hospital day at once becomes evident.

The treatment given covers the usual familiar drugs continued over long periods of time and in full dosage. The 60 patients received 6,420 doses of tryparsamide while in the hospital. The largest number administered to a single patient was 268 doses. 346 grams of salvarsan was used, one patient receiving 71.1 grams. Neosalvarsan was more freely given, 887 grams being used, 76.5 grams being given to one patient. Only a limited amount of sulpharsphenamin was used. Salicylate of mercury ranks next to tryparsamide in the number of doses, 2,343 doses of 1-6 grain each being administered. The largest amount given to one patient was 108 doses, or 18 grains of salicylate of mercury. The usual mixed treatment of mercury and iodides by mouth, was not freely used as the results did not seem to warrant.

Malarial treatment was used on 44 patients in our series of 60, and on all in the series reported by Wright and O'Neil. The highest temperature reached by any of our patients was 107 degrees. The longest series of chills was 17 in our series and 21 in Wright and O'Neil's. The longest continuous temperature was 58 hours. The largest number of repeated inoculations was 4. The results of our studies are recorded as follows: No remarks 7, no improvement 18, about the same 10, aggravated 2, and improved 7.

TABLE I

Average age of patients observed.....	40 Yrs.
Average time spent in hospital .....	56 Mos.
Average time from stage of chancre to hospitalization .....	156.5 Mos.
Average time from stage of chancre to mental symptoms .....	78.5 Mos.
Average time from appearance of mental symptoms to hospitalization .....	60.7 Mos.
Death rate, approximately ....	16 %
Patients discharged as improved .....	27 %
Patients remaining in hospital ....	57 %
Patients remaining on closed wards .....	80 %

TABLE II

Total amount of tryparsamide used .....	6,420	grams
Largest quantity to one patient .....	450	grams
Total amount of salvarsan .....	346	grams
Largest quantity to one patient .....	71.1	grams
Total amount of neosalvarsan .....	887	grams
Largest quantity to one patient .....	76.5	grams
Total amount of mercury salicylate .....	390.5	grains
Largest quantity to one patient .....	18	grains

TABLE III

Number of patients receiving malarial therapy .....	44
Highest temperature .....	107 degrees
Longest series of chills .....	17
Longest continuous temperature .....	58 hours
Longest number of repeated inoculations.....	4
Results: No remarks .....	7
No improvement .....	18
About same .....	10
Aggravated .....	2
Improved .....	7

The serologic studies show general improvement. The Wasserman showed a definite tendency to gravitate to a negative reading. The gold curve changed from the typical paretic picture through the tabetic, to one not diagnostic of either condition and essentially negative. The cell count and globulin parallel the findings of the Wasserman and gold curve. The serologic studies indicate that these patients should be well along on the way to complete eradication of the disease, but the clinical picture leaves much to be desired.

In summing up the results of this series of 102 paretics, optimism runs at low ebb. From the therapeutic and serologic standpoint definite improvement is evident, but from the clinical status much is yet desired. From the progress of our medical therapy much has been attempted; something has been accomplished, but the goal of successful treatment is still a long way off. The prevention of these states offers an excellent opportunity for improvement of our results. This again shows how vitally important it is to prevent the dissemination of the disease and to vigorously press the early treatment, lessening the incidence of the late and more or less hopeless phases of syphilis.

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## DISCUSSION

T. M. Fly, Little Rock: I don't think there is any excuse to give any sick or well person or any other kind of person, 178 shots of anything. Another thing, we don't remember what we see or hear outside of our medical books.

I remember many years ago reading where Benvenuto Cellini described his own case as French disease. He went to the doctors, and they put him on mercury and other metals. And he grew progressively worse and he quit, and then he began to take the wood, as they called it, meaning guaiac. He used it with benefit for two or three months, and thought he was well, and after stopping its use the disease developed again; and he went back to the doctors and they put him on the metals again, and he grew worse and worse, so much worse that he couldn't get out of bed. So he went to the doctors no more but took to the wood again, using it for a period of some two or three months, and never took any further treatment. He was evidently completely cured for he lived to be a man of 70 or more years, apparently well, and what a stormy life he lived! He was a man far above the average in intelligence, and his statements are worth believing. So, I have had occasion to try that drug on several cases where the metals failed to cause improvement, and those cases were always benefited.

This may be worth something to you who treat syphilis. I think it is well worth trying.

## SODIUM THIOCYANATE AS A PROPHYLAXIS AND IN THE TREATMENT OF BACILLARY DYSENTERY WITH SPECIAL EMPHASIS UPON THE SHIGA TYPE\*

L. D. MASSEY, M. D.  
Osceola

During May, 1933, there developed in the Osceola territory an acute epidemic of the commonly-termed "bowel complaint." Patients had intense pain, numerous stools with mucous and blood, marked dehydration, acute starvation, with death occurring in from 3 to 7 days after onset.

Shiga bacilli were isolated from the colonic contents after autopsy on a child, whose death was the second in that family. With this information and additional data supplied by Dr. E. C. Mitchell of the experimental work of Ivy of Northwestern University on Shiga bacillus dysentery by sodium thiocyanate, the decision was made to treat all future cases in this manner. Routine treatment with fluids, diet, preservation of the patient's strength, the use of opium, and blood transfusions were continued.

In a series of 15 cases, 9 of whom were given

sodium thiocyanate immediately, it was noted that the stools diminished in from 24 to 72 hours, that toxicity disappeared, that cultures from the stools became negative, and that the patients recovered. Five patients in this series, who were not treated with sodium thiocyanate due to inability to obtain the drug, died. One case receiving sodium thiocyanate died. During 1933, 39 cases were given sodium thiocyanate. The drug was given by mouth to all families where positive cultures were found as a prophylactic measure. Extra sanitary and food-handling precautions were carried out, and no further cases occurred in these families. No toxicity was observed to the drug.

The following routine was adopted:

Sodium thiocyanate given in 20 mgm. per kilogram of body weight intravenously when the case was first seen. The daily dose did not exceed one gram. If no improvement occurred, the intravenous injections were continued for three successive days, never longer. In addition, recognized treatment as maintenance of fluid balance, blood transfusions, opium, proper diet, were carried out. No other treatment was employed.

### Summary:

Seventy-three cases of bacillary dysentery (Shiga) are reported who were given 20 mgm. per kilogram of body weight doses of sodium thiocyanate. Some were given one dose; others, as many as three successive doses, depending upon the clinical manifestations following the first dose. In addition, as a prophylactic measure, all persons in direct contact with the case were given 1-3 grain of the drug, in broken doses, for each kilogram of body weight daily for three successive days. In several cases where there was a history of contact and the individual presented slight symptoms, the drug was used intravenously in the same dosage as recommended for treatment.

The mortality for all patients who were given the drug was 13.7 per cent.

### Publisher's Statement of Circulation

As required by the Code Authority for Periodical Publishing and Printing Industry (A-3).

This is to certify that the average circulation per issue of The Journal of the Arkansas Medical Society for the six month's period July 1st to and including December 31st, 1934, was as follows: 1290 copies.

The Journal of the Arkansas Medical Society,

By W. R. Brooksher, Editor.

Subscribed to and sworn before me on this 23rd day of March, 1935. Neil Sims, Notary Public. My commission expires Feb. 20, 1938.

\* Abstract of a paper read before the First Councilor District Medical Society at Jonesboro, October 24, 1934.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules  
of the Council on Pharmacy and Chemistry of the American  
Medical Association.

All communications to this Journal must be made to it exclu-  
sively. Communications and items of general interest to the pro-  
fession are invited from all over the State. Notice of deaths,  
removals from the State, changes of location, etc., are requested.

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## EDITORIAL

### THE FORT SMITH MEETING

Total registration for the Sixtieth Annual Ses-  
sion held in Fort Smith April 15-17th was 356, of  
whom 317 were Arkansas physicians, a remark-  
able registration for a convention city not more  
centrally located. The Sebastian County Med-  
ical Society fulfilled its every promise for a  
meeting of profit and enjoyment to all who vis-  
ited the border city. As was to be expected, the  
social features of the meeting were most pleas-  
ing. The second evening's entertainment sur-  
passed even that of 1930 when this same host so-  
ciety introduced the buffet supper, dance and  
entertainment evening feature as a social event  
of the state meeting. Introduced as another in-  
novation by the host society this year was the  
mass open house party for all visitors. This con-  
tributed greatly in the friendliness of the ses-  
sion, permitting the renewal of old acquaintances-  
ships and the formation of new ones most leis-  
urely in the homes of Fort Smith physicians.

The scientific program was distinguished by  
the excellence of its presentations and drew an  
attendance each day in excess of the average.  
Outstanding were the papers of the distinguished  
guests who were: Walter L. Bierring, President of

the American Medical Association, making the  
first official visit of a national president to an  
Arkansas meeting; Sam E. Thompson, President,  
Texas State Medical Association; Eugene Rosa-  
mond, Memphis; Lucian Landry, New Orleans;  
Paul A. O'Leary, Rochester; Ralph Bowen, Okla-  
homa City; G. V. Brindley, Temple, Texas; and  
Ralph A. Reis, Chicago. Members of the Ark-  
ansas Medical Society presented an unusually  
well-grouped arrangement of able and thought-  
ful papers which provoked free discussion.

The House of Delegates unanimously voted  
for a return to the constitutional assessment of  
five dollars yearly from members thus relieving  
the officers and councilors of apprehension as to  
proper and efficient operation of the Society  
due to the greatly curtailed income of the past  
three years.

The formation of a special section in the So-  
ciety for Ophthalmology and Otolaryngology was  
approved and this section was organized with the  
following officers: H. Moulton, Fort Smith, Chair-  
man, and L. M. Henry, Fort Smith, Secretary. A  
resolution approving the action of the special  
session of the House of Delegates of the Ameri-  
can Medical Association held in February, 1935,  
and calling on Arkansas representatives in the  
national Congress to oppose by every practical  
means all measures which may be proposed for  
the control of the practice of medicine which are  
inimical to the best interests of medicine and of  
the people, was unanimously adopted.

Officers elected for 1935-36 were: President-  
elect, George B. Fletcher, Hot Springs National  
Park; 1st Vice-president, D. W. Goldstein, Fort  
Smith; 2nd Vice-president, J. B. Jameson, Cam-  
den; 3rd Vice-president, H. W. Hundling, Little  
Rock; Treasurer, R. J. Calcote, Little Rock; Sec-  
retary, W. R. Brooksher; Delegate to the Ameri-  
can Medical Association, W. R. Brooksher, Fort  
Smith; Alternate, F. O. Mahony, El Dorado. The  
Council with new and hold-over members is now  
composed of the following: 1st District, H. A.  
Stroud, Jonesboro; 2nd District, M. C. Hawkins,  
Jr., Searcy; 3rd District, F. A. Corn, Jr., Lonoke;  
4th District, C. W. Dixon, Gould; 5th District, L.  
L. Purifoy, El Dorado; 6th District, Don Smith,  
Hope; 7th District, J. M. Proctor, Hot Springs  
National Park; 8th District, S. B. Hinkle, Little  
Rock; 9th District, D. L. Owens, Harrison; and  
10th District, S. J. Wolfermann, Fort Smith. At  
the organization meeting of the new Council S.  
J. Wolfermann and D. L. Owens were re-elected  
President and Secretary, respectively, of that  
body, and W. R. Brooksher was re-elected Editor.



## PROCEEDINGS OF SOCIETIES

The Third Councilor District Medical Society met at DeVall's Bluff April 5th for the following scientific program:

"Diagnosis and treatment of gonorrhea and its complications"—Russell Hennessey, Memphis.

"Points and treatment of fractures of interest to the general practitioner"—F. W. Carruthers, Little Rock.

"The cancer problem"—Dewell Gann, Jr., Little Rock.

"Signs and symptoms of the acute surgical abdomen, usually first seen by the general practitioner"—E. M. Holder, Memphis.

"Considering the possibilities in diagnosis"—O. C. Melson, Little Rock.

Following the scientific session a fish dinner was served to the seventy-five physicians in attendance. The Society will next meet at Wynne.

The Sebastian County Medical Society was addressed April 9th by G. W. Reagan, Little Rock, on "Bladder Neck Obstructions."

The Fifth Councilor District Medical Society met at Magnolia in dinner session on April 9th. The following program was presented:

"The Fracture Problem"—F. W. Carruthers, Little Rock.

"Skin Cancer"—G. F. Jackson, Little Rock.

"Corneal Ulcer,"—R. J. Calcote, Little Rock.

The Fourth Councilor District Medical Society met jointly with the Jefferson County Medical Society in dinner session at Pine Bluff during April and elected the following officers: President, G. C. DeBolt, Monticello; Vice-president, M. C. Crandall, Wilmot; and Secretary, H. T. Smith, McGehee. Dr. Ray M. Balyeat, Oklahoma City, addressed the session on "Asthma."

The annual banquet session of Garland County Medical Society was held April 9th at Hot Springs National Park. Speakers were: F. O. Mahony, El Dorado, "The Doctor's Problems"; Joe Shuffield, Little Rock, "Medical Economics"; and T. N. Black, Hot Springs National Park, "The Veterans Racket".

The Second Councilor District Medical Society met jointly with the Woman's Auxiliary in banquet session at Batesville April 8th. The follow-

ing scientific program was presented: "Diagnosis of Heart Failure," S. C. Fulmer, Little Rock; "Prophylaxis of Pyelitis of Pregnancy," E. H. White, Little Rock; and "Occlusive Arterial Disease of the Extremities," F. H. Krock, Fort Smith.

## OBITUARY

WILLIAM NOAH ELKINS, aged 51 years, died at his home in Junction City, March 17th of cardio-renal disease. He was a graduate of the University of Tennessee College of Medicine in 1908 and had resided in Junction City for the past 22 years. He was a member of the Union County Medical Society, the Arkansas Medical Association and held membership in the Masonic and Woodmen of the World lodges. He is survived by his wife, three sons and one daughter.

## IMMUNIZE NOW—STAMP OUT DIPHTHERIA.

May Day—Child Health Day—has become an established institution throughout the United States. In 1928 the United States Congress passed a joint resolution designating May first as Child Health Day, and authorizing the President to issue a proclamation requesting national observance of the day. Child Health Day celebrations are intended only to mark and emphasize either the inauguration or the culmination of year-round work for improvement of the health of children. The project for 1935 is diphtheria immunization. This was chosen because there has been but little reduction since 1930 in the number of deaths from diphtheria throughout the country.

The measures proposed are:

To immunize all children between the ages of six months and six years,

To make early immunization a routine practice by all physicians.

The majority of pediatricians do immunize the babies under their care during the first year of life. Physicians in general practice also should follow this procedure.

State Departments of Health and the unofficial organizations interested in children are calling the attention of parents and communities to the need for early diphtheria immunization. Each individual physician should be prepared to take care of the applications for immunization. Co-operative plans for this work should be made by the local medical societies and departments of health in all communities. When a local medical society has perfected plans for this phase of preventive medicine, there is no reason why it would not be possible to assume gradually other types until eventually preventive medicine forms an important part of the practice of all physicians.

## PERSONALS AND NEWS ITEMS

R. T. Henry has been re-elected school director at Springdale.

J. M. Wallace has moved from Fayetteville to Marshall.

Drs. R. H. Willett, H. H. McAdams and E. R. Barrett, of Jonesboro, have moved into their new offices.

Wm. Johnson has been elected president of the Hardy Chamber of Commerce.

H. H. Smiley, Texarkana, has been appointed a member of the state welfare board.

"Eats, Ether and Ethics" was the subject of a talk by Val Parmley before the Little Rock Rotary Club March 28th.

L. R. Brown, Little Rock, addressed the public welfare forum of the Little Rock Foundation of Women's Clubs March 28th on proposed sterilization of habitual criminals.

"Undulant Fever" by S. C. Fulmer, Little Rock, appeared in the April issue of The Southern Medical Journal.

J. D. Mooney has been elected mayor of Coal Hill.

Irving J. Spitzberg has been elected faculty advisor of the Square and Compass fraternity of the University of Arkansas School of Medicine.

Frank Vinsonhaler addressed the Army Day banquet of the Little Rock Chapter of the Military Order of the World War on April 6th.

J. A. Moore has been elected a member of the El Dorado Civil Service Commission.

O. C. Wenger, Hot Springs National Park, addressed an open meeting of the Saint Louis Medical Society April 9th on "Venereal Disease as a Public Health Problem."

Fount Richardson, Fayetteville, addressed the Benton County Medical Society April 11th on the district health unit to be composed of Benton, Crawford and Washington counties.

L. L. Hubener, Little Rock, has been appointed resident physician for the ERA colony at Dyess.

A hospital and office building is under construction at Harrison, to be occupied on completion by Drs. D. L. Owens, J. G. Gladden and W. H. Poynor.

Drs. N. D. Buie and Thomas Glass of the Buie Clinic of Marlin, Texas, were guests of the Academy of Medicine of Hot Springs National Park April 2nd for luncheon. The subject of discussion was "Hypertension."

W. G. Hodges, Malvern, has been appointed a member of the Hot Spring County Welfare Board.

Recent appointments as city health officers are: J. Y. Powell, at Gravette, and J. P. Baker, at West Helena.

A. C. Kolb, Hope, has been elected superintendent of the State Hospital for Nervous Diseases.

### AMERICAN MEDICAL GOLFERS PLAY IN ATLANTIC CITY, MONDAY, JUNE 10TH

The American Medical Golfing Association will hold its twenty-first annual tournament at the Northfield Country Club in Atlantic City on Monday, June 10, 1935.

Thirty-six holes of golf will be played in competition for the seventy trophies and prizes in the nine events. Trophies will be awarded for the Association Championship, thirty-six holes gross, the Will Walter Trophy; the Association Handicap Championship, thirty-six holes net, the Detroit Trophy; the Championship Flight, First Gross, thirty-six holes, the St. Louis Trophy; the Championship Flight, First Net, thirty-six holes, the President's Trophy; the eighteen hole championship, the Golden State trophy; the eighteen hole handicap championship, the Ben Thomas trophy; the maturity event, limited to fellows over 60 years of age, the Minneapolis trophy; the old-guard championship, limited to competition of past presidents, the Wendell Phillips trophy, and the kickers handicap, the Wisconsin trophy. Other events and prizes will be announced at the first tee.

### THE TRUE ECONOMY OF DEXTRI-MALTOSE.

It is interesting to note that a fair average of the length of time an infant receives Dextri-Maltose is five months: That these five months are the most critical of the baby's life: That the difference in cost to the mother between Dextri-Maltose and the very cheapest carbohydrate, at most is only \$6 for this entire period—a few cents a day: That, in the end, it costs the mother less to employ regular medical attendance for her baby than to attempt to do her own feeding, which in numerous cases leads to a seriously sick baby eventually requiring the most costly medical attendance.



## AUXILIARY NEWS

### PRESIDENT'S ADDRESS

To those who are here for the first time and to those who have given years of service to this organization, I wish to express my sincere thanks and appreciation for the honor you have conferred on me.

I shall, to the best of my ability, endeavor to give to you the service such an organization deserves. I shall also depend much upon you for advice and co-operation in all things.

As a chain is no stronger than its weakest link, I urge each of you to feel that it is your personal responsibility to always present a solid front to any and all obstacles conflicting with the aims and aspirations of our society. I am sorely tempted to say that health is the most important thing in the world. One of our chief objectives, that of Health Education, is a grave responsibility and each of us should feel it a privilege to carry her share.

Under the leadership of our several past presidents, the society has set a standard of effort and accomplishment that it must be our aim to equal during the coming year. Even though we may not be able to surpass it, I look forward with eagerness and confidence to the privilege of working with the members to maintain the ideals and carry out the policies of the society.

A society of this sort has two aspects, both of which are of great importance. First, there is the social side of our work. Many woman's auxiliaries devote themselves exclusively to the social objectives and seem to exist principally to bring the members closer together in a friendly association. This should not be underestimated because it is a natural and necessary part of the activity of any organization of human beings, for "man is a social animal" and all of his aims and activities run better and more smoothly when they are carried on in an atmosphere of good fellowship and understanding.

We do not, however, believe that social meetings should be the only aim and end of an organization such as this. There is so much of a serious and constructive nature that needs to be done in connection with the broader work of the medical profession in the United States. The woman's auxiliaries are placed in a unique position to help the profession in this work. First of all, we can, by our attitude and encouragement, help to keep the ethical standards of the profession on the high plane that it has long occupied in our country, and to enhance the prestige and confidence that it enjoys. To do this it is important to take a stand against quackery and the commercializing of the healing art that constantly springs up and threatens the integrity of the whole profession.

By quacks and quackery we do not mean merely the charlatan and the doctor who violates the ethics of his profession, but also the indirect and insidious methods used to foist worthless and even harmful patent cure-alls and wonder-working remedies on the part of the public which is, through ignorance, susceptible to the deceptive claims made for these preparations. At this time a great effort is being made to strengthen and broaden the pure food and drug laws of this country, and while this is a much needed reform, the greatest need of all is to educate the people so they will be able to discriminate between legitimate, scientific treatment and what is, after all, simply a modern form of witch-doctoring.

One of the greatest advances in the work of protecting the national health and well-being has been the movement to have children's clinics and examination and treatment

of pre-school and school children. This is a movement in which the women's auxiliaries can play a most valuable part and be of the greatest service to the community as well as the profession in which they are most interested. The conducting of health surveys, establishment of clinics and education of the careless or ignorant part of the population saves far more in human life and money to the community and the state than the outlay necessary for its accomplishment.

The medical profession is the greatest of all modern professions in a material and human sense, and even the Christian ministry, which is dedicated to the soul rather than the body, is making more and more use of the healing art of the physician.

Our organization, from its very name, is intended to be an aid to this great profession and we can not do too much to spread the benefits and blessings of its work.

(Mrs. Marcus T.) JUSTINA SMITH.

A representative audience of Texarkana druggists' wives as guests and members of the Bowie and Miller Counties Medical Auxiliaries had the privilege of hearing Mrs. P. R. Gilmer, of Shreveport, Friday, March 22nd, when she reviewed "Men of Good Will," by Jules Romains.

Mrs. Gilmer was brought to Texarkana by the Medical Auxiliary for a book tea that took place at the McCartney Hotel. Hostesses for the afternoon were Mrs. T. E. Fuller, Mrs. Chas. Adna Smith, Mrs. Allen Collom, and Mrs. H. E. Murry.

Mrs. B. A. Rhinehart was elected president of the Woman's Auxiliary to the Pulaski County Medical Society, at a meeting held April 10th at the home of Mrs. W. A. Snodgrass. Other officers elected were Mrs. R. C. Kory, president-elect; Mrs. J. B. Crawford, first vice president; Mrs. Bryce Cummins, second vice president; Mrs. Snodgrass, secretary; Mrs. M. B. Holmes, publicity secretary; Mrs. Joe F. Shuffield, treasurer; Mrs. Anderson Watkins, historian, and Mrs. R. A. Law, parliamentarian. The following delegates were elected to represent the Auxiliary at the annual meeting in Fort Smith: Mrs. Kory, Mrs. R. E. Pryor, Mrs. E. H. White, Mrs. S. C. Fulmer, Mrs. Snodgrass and Mrs. A. C. Shipp. Alternates were Mrs. Bryce Cummins, Mrs. C. C. Reed, Mrs. W. N. Freemyer, Mrs. M. E. McCaskill, Mrs. W. L. Sadler and Mrs. Alvin W. Strauss. Board members to attend the Medical Auxiliary convention will be Mrs. Rhinehart, Mrs. Crawford, Mrs. Watkins, Mrs. Byron A. Bennett, and Mrs. Charles E. Oates.

Installation of new officers brought to a close the business sessions of the eleventh annual convention of the Woman's Auxiliary to the Arkansas Medical Society, April 15-16-17.

New officers elected were:

President—Mrs. Marcus T. Smith, Conway.  
 President-Elect—Mrs. J. T. McLain, Gurdon.  
 First Vice-President—Mrs. Pierre Redman, Fort Smith.  
 Second Vice-President—Mrs. Curtis W. Jones, Benton.  
 Third Vice-President—Mrs. H. W. Murry, Texarkana.  
 Fourth Vice-President—Mrs. A. L. Carter, Berryville.  
 Treasurer—Mrs. B. A. Bennett, Little Rock.  
 Publicity Secretary—Mrs. D. W. Goldstein, Fort Smith.  
 Historian—Mrs. C. W. Garrison, Little Rock.  
 Parliamentarian—Mrs. S. A. Collom, Sr., Texarkana.  
 Councilors—Mrs. Wm. Hibbitts, Texarkana; Mrs. B. A. Rhinehart, Little Rock; Mrs. P. H. Phillips, Ashdown; Mrs. Wm. R. Brooksher, Jr., Fort Smith; Mrs. Chas. E. Oates, Little Rock.

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JUNE, 1934 — MAY, 1935

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## BOOK REVIEWS

**The Nervous Patient.** By Charles Phillips Emerson, M. D., Research Professor of Medicine, Indiana University, Indianapolis. Pp. 452. Price \$4.00. Philadelphia: J. B. Lippincott Company, 1935.

In reviewing "The Nervous Patient" I am impressed first by its readability as contrasted with most books on nervous and neurologic subjects. In Doctor Emerson's early classification of nervous patients, one is made to see the "Personality Pattern" of his cases, and divide them in loose groups of introverts and extroverts. This is invaluable in appreciating the nervous side of the medical case, both during and following his illness.

The book "The Nervous Patient" briefly and yet accurately outlines the symptoms and treatment of many medical diseases. The psychologic and neurotic element of the sick patient is interestingly dealt with, explaining many of the idiopathies of such diseases as allergies, and cardiovascular neuroses. More and more the physician is having to deal with diseases of the circulatory system, and digestive tract, which through lack of more information, are alluded to as functional and nervous complexes, for example "The Irritable Colon," "Anginas," and "Migrainous Headaches." Such terms as "Psychoneurotic Asthma," "Epileptic Personality," "War Hysteria," and "Emotionalism," are made clear and interesting, with plans of management and treatment outlined.

In no field of medicine is the average physician more helpless, nor his patient more hopeless than in his care

and treatment of the neurotic patient. The physician seldom objects to losing a hysterical patient by his changing doctors, which he usually does many times.

Aside from the clear, detailed, yet brief presentation of this immense subject, my chief commendation of "The Nervous Patient" is its novel like readability.

**Physical Diagnosis.** By Warren P. Elmer, B. S., M. D., Associate Professor of Clinical Medicine, Washington University School of Medicine, Saint Louis, etc., and W. D. Rose, M. D., late Associate Professor of Medicine, University of Arkansas School of Medicine, Little Rock. 7th Edition. Pp. 82. 342 illustrations. Price \$8.00. Saint Louis: C. V. Mosby and Company, 1935.

This is an unsurpassed textbook, made more comprehensive by the numerous illustrations. The word descriptions are most concise and readable, giving the practitioner an opportunity to quickly review any phase of physical diagnosis. Its general acceptance as a worthwhile volume is indicated by the fact that it has proceeded to the seventh edition.

**One Hundred and Fifty Years of Publishing: 1785-1935.** Philadelphia: Lea and Febiger, 1935.

This is a revision of a similar volume published in 1885, entitled "One Hundred Years of Publishing." The story is of the development and of the accomplishments of Lea and Febiger. The publishers' conception of the responsibilities inherent to their business is modestly stated. The book is an interesting document on the growth of medical publication in this country.

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**Useful Drugs.** A List of Drugs Selected to Supply the Demand for a Less Extensive Materia Medica with a Brief Discussion of Their Actions, Use and Dosage. Edited by Robert A. Hatcher, Ph. M., Sc. D., M. D., and Cary Eggeston, M. D. Prepared under the Direction and Supervision of the Council on Pharmacy and Chemistry of the American Medical Association. Ninth Edition. Price, 60 cents. Pp. 203. Chicago: American Medical Association, 1934.

This book is a recognized work in its field and has been adopted as a textbook in a number of medical schools. Obsolete drugs have been deleted and others, the value of which has been established, have been added from time to time. The statements of actions, uses and dosage of the various drugs are revised after discussion by the whole Council. They represent the latest and best results of therapeutics and pharmacologic revision. The Council constantly aims that this book shall present a comprehensive compendium of the more useful preparations in the medical armamentarium. As it stands, the book is an authoritative, intelligent, critical and entirely adequate reference volume for the use of the busy practitioner.

**Medical Clinics of North America.** (Issued serially, one number every other month.) Volume 18, Number 3. New York number. November, 1934. Octavo of 301 pages with 16 illustrations. Per Clinic Year, Paper \$12; cloth 16. Philadelphia and London: W. B. Saunders Co., 1934.

This issue begins a New Deal in medical clinics. It has been completely revolutionized and the change is very beneficial to the general practitioner. In this issue we find a symposium on adenopathies which is a post-graduate course in that branch of medicine. Not only does it go into minute details of the pathology but carries it to the general interpretation of its clinical manifestations.

We find the everyday "run of practice" problems featured as, "The Failing Heart," "Menstrual Disorders," "Pneumonia in Infants and Children," and other subjects that are met with daily in the general practice of medicine. They are also written in a very understandable and useful technique. We find not only the theoretical side of the subjects but many practical points for everyday use.

This issue is the first of the new medical clinics and the issues to follow are certain to bring more light in other daily problems, especially certain definite clinical manifestations. In this manner they wish to bring to the reader as much clinical "meat" as they would get from attending a post-graduate clinic.

**Maternal Mortality in Philadelphia: 1931-1933.** By the Committee on Maternal Welfare. Paper. Pp. 144. Price \$1.00. Philadelphia: Philadelphia County Medical Society, 1934.

Obstetrical practice in Philadelphia was exhaustively studied under Dr. P. F. Williams. The excellence of the assembly of the material and the critical analysis was the basis for the winning of the Strittmatter Award for 1933 by Dr. Williams. The recommendations for the improvement of conditions in Philadelphia may well be applied to many other communities.

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MELVIN E. McCASKILL, M. D.  
Little Rock  
President, Arkansas Medical Society  
1935-36.

THE JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules  
of the Council on Pharmacy and Chemistry of the American  
Medical Association.

All communications to this Journal must be made to it exclu-  
sively. Communications and items of general interest to the pro-  
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EDITORIAL

OUR PRESIDENT.

Melvin E. McCaskill, who was installed as the 60th President of the Arkansas Medical Society April 17th at Fort Smith, was born in Summer-ville, Missouri, June 21, 1882. Educated in the public schools of Missouri and Saint Louis Uni-versity, he received his degree of Doctor of Med-icine from that intsitution May 8, 1905. He was engaged in railroad hospital work until 1914 and since that time has been in general practice, ma-joring in gynecology, at Little Rock. He taught clinical gynecology at the University of Arkansas School of Medicine for several years. He is a staff member of the following Little Rock hos-pitals: Saint Vincent's, Baptist State, General, Pu-laski County, and the Arkansas Childrens. He has served as Chief of Staff at the Baptist State and the Little Rock General Hospitals and is now Chief of Gynecology at Saint Vincent's. A mem-ber of the Pulaski County Medical Society since 1905, he has served that society as president and has also served as Councilor for the Eighth Coun-cilor District. The Eighth Councilor District Med-ical Society was reorganized under his direction several years ago. He was serving as Chairman of the Council when selected as President-Elect

of the Arkansas Medical Society in 1934. He has been Arkansas Medical Referee of the Mu-tual Life Insurance Company for a number of years and is the designated physician of the United States Employees Compensation Com-mission in the Little Rock vicinity. Interests out-side of medicine to which he devotes time are the Second Presbyterian Church, of which he is an Elder, and the Quapaw Council of the Boy Scouts of America, of which he is an executive board member. He is a member of the Little Rock Country Club and of the Noon-Day Lunch-eon Club.

In 1911 he was married to Miss Hazel Bragg of Little Rock and their son, Melvin Jr., aged 16, is now attending a preparatory school with the in-tention of later studying medicine.

An ardent believer in the benefits of organ-ized medicine, Dr. McCaskill has well demon-strated his loyalty to the profession in his years of practice. Perhaps the most outstanding con-tribution he has made to his fellow-practitioners' welfare was in connection with his work as Chair-man of the Advisory Committee of the Arkansas Medical Society to the Emergency Relief Admin-istration. From the beginning this committee has struggled against obstacles which, at the time, seemed well-nigh insurmountable. Undaun-ted, and with an aggressiveness that was an in-spiration to the other members of the committee, our President fought with all vigor to the end that the present system of medical relief service is now in effect and works to the satisfaction of all physicians who have occasion to deal with clients of the Emergency Relief Administration of Ark-ansas. Praise and credit for this accomplishment, obtained after a prolonged series of discourag-ing conferences, is due to Dr. McCaskill alone. Without his tenacity, his determination to follow through to a more agreeable working basis for medical relief service, there is no doubt but that the committee would have faltered and probably decided that the opposition was all too formida-ble. The results of this unrelenting attack upon an unsympathetic lay-controlled agency are well known to many members of this Society who have received more proper fees for their professional services.

With this background of unselfish devotion to the cause of organized medicine and of the indi-vidual physician, Dr. McCaskill takes charge of our Society for the year 1935-36. An earnest worker, with an enthusiasm tempered with rea-son, a loyal, determined and intrepid leader, who needs but the active and hearty support of our



members to make this a year of great attainments for Arkansas medicine. The Journal wonders if it does not express our Presidents philosophy when it quotes Marcus Aurelius: "Love the little trade which thou hast learned and be content therewith." And finally, we are reminded of Emerson's saying: "The thing done avails—not what is said about it."

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### SOCIALIZED MEDICINE AND YOU.

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Physicians must face the fact that if regimentation and socialization of the medical profession is accomplished by legislative action, the blame will largely rest upon their inactivity. Lethargy on the part of the profession will be the sole reason, but a shorter word, more in the vernacular, more aptly describes this inactivity.

The Journal has repeatedly urged the members of the Arkansas Medical Society to familiarize themselves with the provisions of proposed laws which contemplate the establishment of lay or governmental control over the practice of medicine. Several special articles on the subject have been published during the past year; each county society has been requested to hold a special program for the discussion of these measures; and the Medical Economics Committee in its report to the recent annual session emphasized the need for the individual physician to become thoroughly informed on this vital problem and plead for aggressive action to combat these socialistic tendencies.

A check-up of the results of this campaign is not encouraging. A very small minority of the county societies have held informative programs for the benefit of the membership. Careful inquiry of delegates and members at the Fort Smith meeting indicates that the individual physician has given the matter little more thought than to say: "Yes, of course, I am opposed to it." Several times have we been asked "What is the state society going to do about it?" We are again trying to tell you here what should be done about it. We must reiterate that this impending legislation will not be defeated on the strength of statements expressing opposition from individual physicians, no matter how legion their number. Organized, co-operative, aggressive action, supported by an informed, alert individual membership, are urgently needed if we are to maintain our present system of private medical practice.

It is easy to speak of these new welfare projects, of these experiments, of these emergency measures, these temporary expedients. Practically the same terms were applied to the health insurance plan when passed by the British Parliament in 1911. Temporary emergency measures there have become the permanent British health insurance law, a system which cannot be greatly improved to better the lot of the physician, much less can it be eliminated.

The alibi of the individualistic tendency of the average physician is bromidic: too much interest in personal practice and an indifferent attention to effective group organization. Such traits have already cost us much of what is our right. Reflect upon the system of relief practice. Are we to continue submissively to yield rights and privileges?

Are you informing yourself of the proposed socialistic measures? Have you insisted that every member in your county society do the same? Have you met as a group to discuss plans of opposition? Are you able to present a good case for the viewpoint of the medical profession to the public and to your patients? Have you asked your patients: "Would you like for your physician to be determined by politics; the treatment of your illness to be decided by a politician?" More important, can you tell your patients why such a condition is imminent? Do your legislators know your personal opinion on these matters? If your answer to these questions is "No," you owe it to yourself, your family, your patients and your colleagues to immediately take such steps as will permit you to answer "Yes" most emphatically.

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### A FILM TO INSTRUCT MOTHERS.

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"Around the Clock with You and Your Baby" is the title of a motion picture to educate mothers in the care of the new-born, produced by the department of obstetrics and gynecology of the University of Southern California at Los Angeles, under the direction of Drs. Lyle G. McNeile and Donald G. Tollefson. The care and feeding of infants as it should be done in the average home, as well as advice for mothers own health, is shown in detail. The film, 35 mm. in three reels, requires about thirty-five minutes to show. It may be lent without charge for an indefinite time to any ethical hospital, if shown at least twice a week and a report of the number of showings and the number of persons who viewed the film is forwarded once a month. Further information may be obtained by writing Dr. Tollefson, 511 South Bonnie Brae Street, Los Angeles.

## PROCEEDINGS OF SOCIETIES

The Lawrence County Medical Society met with W. W. Hatcher of Imboden in April for the following program: "Puerperal Eclampsia," H. R. McCarroll, Walnut Ridge, and "Vomiting of Pregnancy," T. C. Guthrie, Smithville.

CHAS. D. TIBBELS, Secretary.

Thirty members and guests were in attendance for the annual Crawford County Medical Society banquet held in Van Buren May 7th, with M. S. Dibrell as toastmaster.

The Sebastian County Medical Society met May 13th for the following program: "Enuresis," C. B. Billingsley, and "Pyelitis in Childhood," I. F. Jones.

The following program was presented by Memphis physicians before the Mississippi County Medical Society May 7th: "Surgery in Diseases of the Chest," Duanne Carr; "Treatment of Pneumonia," Conley Sanford, and "Conservative Treatment of Surgical Lesions of the Kidney," Thomas D. Moore.

F. D. SMITH, Secretary.

Garland County Medical Society met May 14th with members of the Sebastian County Medical Society furnishing the following program: "Surgery in Diabetes," A. F. Hoge; "Ocular Manifestations of Diabetes," E. C. Moulton, and "Differential Diagnosis in Diabetic Coma," J. W. Amis.

The Eighth Councilor District Medical Society met at Conway May 7th. In the morning clinics were conducted at the Faulkner County Hospital by Drs. W. L. Brittain, C. H. Dickerson, L. S. Dunaway, Jr., and I. N. McCollum. After luncheon the following presented papers: Drs. H. F. DeWolf, M. E. McCaskill, S. B. Hinkle and D. A. Rhinehart, of Little Rock, and E. J. Haster, of Dardanelle.

S. J. Wolfermann, Fort Smith, conducted a tuberculosis clinic at Siloam Springs and addressed the Benton County Medical Society on "Tuberculosis" May 9th.

The following program was presented at the First Councilor District Medical Society meeting in Monette May 8th:

Address of welcome—John V. Hancock.

Response to address of welcome—H. A. Stroud, Jonesboro.

"Pernicious Anemia"—J. H. Lamb, Paragould.

"Systematic Manifestations of Focal Sepsis"—W. C. Colbert, Memphis.

"How to Treat Rectal Patients"—E. R. Rainwater, Walnut Ridge.

"Obstetrical Complications of the Last Trimester of Pregnancy"—W. W. Walker, Memphis.

"Urologic Backache"—H. Fay H. Jones, Little Rock.

Ralph M. Sloan, Jonesboro, was re-elected secretary-treasurer and West Memphis chosen for the fall meeting.

It cannot be denied that American physicians are themselves measurably responsible for their difficulties, that those who have been making a living have not been properly interested in those who have not. It cannot be denied that the workers in organized medicine have been slowed down and hampered in their work by a very large number of physicians who are so indifferent to their own welfare that they do not take the trouble to attend the meetings of their county medical societies, but, while being entirely unco-operative, do not hesitate to revile their officers for involving American medicine in an economic crisis.

The exigencies of the times demand the full co-operation of every licensed practitioner of medicine. Traditional customs must be abandoned. So much service has been given away that the whole profession is now involved in a situation which needs radical treatment. Evolution has been too slow. Medical organizations have been too conservative. In order to avoid mistakes, all of the units of organized medicine must work together not only to resist the imposition of regimentive schemes upon the medical profession, but also to evolve plans which will satisfy the demands of society without sacrificing the dignity inherent in the delivery of service of high quality.

Nathan B. Van Etten, M. D.



## PERSONALS AND NEWS ITEMS

Interesting records are held by some members who were present for the Sixtieth Annual Session at Fort Smith. Among these are: A. S. Buchanan, Prescott, who has missed but one meeting in 33 years; J. H. Fowler, Harrison, who has attended 24 consecutive meetings; M. E. McCaskill, Little Rock, attended 27 out of 30 meetings; D. L. Owens, Harrison, 14 consecutive meetings; S. J. Allbright, Searcy, 21 of 22 meetings; E. E. Barlow, Dermott, 29 of 32 meetings; Earle Hunt, Clarksville, 26 of 27 meetings; J. M. Lemons, Pine Bluff, 15 of 16 meetings, and M. L. Norwood, Lockesburg, 37 out of a possible 39 meetings.

J. H. Weaver has been appointed health officer at Hope.

Over sixty physicians and wives were guests of E. J. Highfill at his home in Cave Springs on April 20th for a dinner.

An abstract from an article on the dangers of improper massage by M. F. Laütman, Hot Springs National Park, appeared in the April issue of California and Western Medicine.

P. D. Yankoff, Fort Smith, addressed the Van Buren Lions Club April 24th on "International Relations."

O. C. Wenger, Hot Springs National Park, will lecture on venereal diseases at the Graduate Short Course of The Florida Medical Association, Gainesville, June 24-29th.

The April, 1935, Tri-State Medical Journal contains the following articles: "A Few Obscure Causes of Fever in Children," E. C. McMullen, Pine Bluff; "Abrupto Placenta," A. D. Cathey, El Dorado; and "The Progress of Medicine During the Past Quarter Century," S. J. McGraw, El Dorado.

Pat Murphey, Little Rock, is taking post-graduate work in mental and nervous diseases at the National Hospital, London, England.

A. S. Gregg has been appointed city health officer at Fayetteville.

Ralph Sloan has been elected Vice-president of the Jonesboro Rotary Club.

D. W. Goldstein, Fort Smith, addressed the Van Buren P. T. A. April 24th on "Fighting Cancer With Knowledge."

A. A. Blair, Fort Smith, attended the meeting of the American College of Surgeons in Philadelphia early in May and is now taking post-graduate work at Johns Hopkins University in cardiology.

Wm. Hibbitts has been elected a director of the Texarkana Lions Club.

Golden wedding anniversaries were celebrated by Dr. and Mrs. W. R. Hunt, Clarksville, on April 28th, and Dr. and Mrs. F. M. Lennard, Texarkana, on May 7th.

D. A. Rhinehart, Little Rock, addressed the American Society of X-ray Technicians at Dallas May 21st and conducted a round-table discussion for the society on May 23rd.

F. W. Carruthers, Little Rock, addressed the Wynne Rotary Club May 16th.

S. C. Fulmer was the speaker for the Little Rock Engineers' Club on May 11th.

M. A. Baltz, Pocahontas, suffered the loss of his office and contents in a fire which destroyed the Randolph Hotel.

J. C. Blackwood has moved from Harrison to Western Grove.

C. C. Reed, Little Rock, made an ace hole at the Shrine Country Club April 29th.

J. O. Rush has been elected a director of the Forrest City Rotary Club.

Frank Vinsonhaler addressed the Arkansas Hospital Association meeting at Little Rock May 7th on "The New Medical School of the University of Arkansas."

B. V. Powell has been reappointed health officer at Camden.

Ralph M. Sloan, Jonesboro, has been appointed a member of the State Board of Nursing Examiners.

J. J. Willingham, State Sanatorium, addressed the Paris Kiwanis Club April 22nd on tuberculosis.

"Early Syphilis" by S. F. Hoge, Little Rock, appeared in the May issue of The Mississippi Doctor.

A check of registration for the Sixtieth Annual Session shows that Franklin County Medical Society was 100% in attendance during the meeting.

A summary of the communicable diseases prevalent in this state since the last report of the committee might be listed as follows:

Malaria is recognized as a major problem in 58 of our 75 counties and, although last year was considered a drouth year, we seem to have had more mosquitoes and malaria cases than for the previous two or three years. A report of the National Malaria Commission made at the Southern Medical Association meeting in San Antonio in November placed Arkansas first in morbidity and mortality rate of any state in the South from malaria. We feel that this is a major problem which should attract the attention of the physicians of this state.

During the months of December, January and February about twenty-five cases of epidemic cerebrospinal meningitis were reported from over the state. Most of the cases were reported from Little Rock, and most of the Little Rock cases occurred in the Transient Bureau of the FERA. The mortality rate for the state as a whole was about 70 per cent. Very good co-operation was secured from the practicing physicians and the municipal authorities in establishing and enforcing quarantine regulations.

A rather severe epidemic of measles prevailed over the state during the fall and winter months. No particularly serious consequences resulted from this outbreak.

The diphtheria immunization program carried on throughout the state, using alum precipitated toxoid, has lowered the morbidity rate of diphtheria consistently. Very few communities have reported outbreaks of diphtheria, and in still fewer instances were these outbreaks of a serious nature.

Sporadic cases of scarlet fever have been reported over the state from time to time, but strict quarantine and sanitary measures have prevented any widespread epidemic from this cause. The State Health Department of Arkansas does not practice using prophylactic serum for scarlet fever, which requires five inoculations one week part.

Other infectious diseases were reported in the minimum.

Since November, 1933, the Sanitary Department of the State Board of Health has constructed approximately 23,000 sanitary pit privies within the state. Approximately 1,200 miles of shallow drainage ditches were completed in the malaria control program.

Right at this time the State Health Department is concerned with a flood relief program in seventeen of the eastern Arkansas counties. In most of these counties our regular personnel has been supplemented by the addition of public health nurses and sanitarians. This program consists in instructing people in the screening and sanitation of their homes before moving back into them; the proper care of water supplies, either by boiling water before using or adding chlorinated lime to their source of water supply; the construction of sanitary pit privies and drainage work coupled with general sanitary measures. The immunization program against typhoid in the flood area is done in co-operation with the physicians and county societies.

The U. S. Public Health Service has entered into a co-operative program in rural sanitation and from their reports the State Health Department has made favorable progress in health work and public instruction during the past year. The State Health Department has rendered invaluable aid to cities and communities within the state by approving and helping these cities and communities

secure funds for improvements in conjunction with the PWA program.

The State Health Department co-operated and had the co-operation of the Legislative Committee of the State Medical Society during the recent session of the General Assembly. Each helped the other in the enactment of measures promulgated.

Respectfully submitted,

W. B. GRAYSON, Chairman,  
S. W. DOUGLAS,  
H. A. STROUD,  
J. H. FOWLER,  
E. J. MUNN,  
B. M. STEVENSON,  
H. K. CARRINGTON,

Committee.

## REPORT OF THE COMMITTEE ON EDUCATION AND HOSPITALS

Educational work by our State Medical Association should be divided into:

1. Under-graduate medical.
2. Post-graduate medical.
3. Under-graduate nursing service.
4. Post-graduate nursing service.
5. The public.

1. The first of these is now very well done in our medical school which is complying with the requirements of the Council on Medical Education and the Association of Medical Schools. At present the work is carried on as it has been for the past several years, but next fall the school will open in the new building with equipment equal to the best there is in the country. Clinical material is furnished in the Isaac Folsom Clinic, City Hospital, Pulaski County Hospital, Missouri-Pacific Hospital, Arkansas Crippled Children's Hospital, St. Vincent's Infirmary and the Baptist State Hospital. In this large number of patients almost any clinical entity can be found.

2. No clinician is modern or can stay abreast of the progress of medical science unless he is alert and takes post-graduate work frequently. It is impossible for the average practitioner during this financial crisis to go away for such study because of the loss of time and the lack of money. For these reasons the state association should see to it that all members have the opportunity to keep properly informed on the best methods of diagnosis and modern plans of treatment without having to incur so much loss of time and expense. In other words, we should have the opportunity of post-graduate work at or near our homes. It could be done by a centralized or a decentralized plan such as is being done in Iowa, Ohio, Indiana, Tennessee, and many other places. It will not only do good to the average physician but to the instructors as well. Your committee believes the Federal government will give some financial assistance through the teaching program of the \$4,880,000,000 appropriation.

3. There are 300 student nurses in the seven hospitals that give training courses, all of which are complying with the National League of Nursing Education to the fullest extent. Much of the teaching is given graciously by the members of this association which is commendable, but proper, for us to do because the physicians and surgeons who are on the fighting line with the patients know best what to teach that the patient needs. The nurses get a broader vision of their duties and acquire a higher respect for their profession by association with



the clinicians. There is a marked difference between nurse training and nursing education. This difference has caused a marked change in the type of teaching. The old system was apprenticeship but the new gives a scientific background for nursing technique. There are four good reasons for closing the small training schools, three of which are economical, and one is social. The National League of Nursing Education is revising the curriculum for schools of nursing and their plan is to have it given to the schools by August, 1935. This will, no doubt, be of such high standard that it will close some of the smaller schools. It is the duty of this association to encourage the nursing schools in their raising of the standards of the nursing schools.

4. The graduate nurses must have post-graduate courses and if active medical men do not provide it for them and direct them, the social welfare organizations will. We well know something about that kind of training already. We should provide, control, and direct this training.

5. The public is usually fair about anything when properly informed. Public meetings like this one tonight and radio talks have done much to educate the public on medical subjects. This committee is of the opinion that the medical profession is obligated to continue to instruct the public on health subjects and probably should do more of it than it has in the past. This should be directed and controlled by the Public Relations Committee.

There are 67 hospitals in the state varying from 10 beds to 3,593 beds. Nine were refused registration by the American Medical Association. Most of these are considered small hospitals. Of course, the majority of them, like individuals, are poorly financed but after reasonable inquiry, visits and investigations, this committee believes the hospitals have made more improvements in their physical property in the past year than they have in any twelve months previously. Many have been reconditioned throughout and have installed much new and fine equipment in their dietetic, obstetric, laboratory, orthopedic, surgical and medical departments that will be of great aid to the physician and the patient in diagnosis and treatment. Doctors and patients have earned this improvement and are being benefited from this progress but we are becoming more and more dependent upon extraordinary facilities and the patients are demanding the very best in service.

#### SUPPLEMENTARY REPORT OF COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

Mr. President and Members of the House of Delegates of the Arkansas Medical Society:

It is with regret that I announce the inability of Dr. Frank Vinsonhaler to attend this meeting. Last Wednesday he sustained fractures of both phalanges of the left great toe and he has been ordered by the speaker to remain in bed. In retaliation he ordered me to "pinch hit" for him. Consequently, since he is "toed in" I am "toed out" for this purpose.

The Doctor wishes me to say that when the medical school will have been removed to its new building a lot of new equipment will be installed, including X-ray equipment both for diagnostic and therapeutic purposes, together with a great deal of other electrical apparatus, including a cardiograph. He says that they will be especially well prepared for X-ray study of tuberculosis, following someone's maxim who stated that tuberculosis

should be seen and not heard in children. There will be a great deal of other new equipment designed to facilitate the teaching of medicine installed in the new premises and he hopes that the doctors of Arkansas will take advantage thus offered them.

He outlined to me a plan which was adopted in Iowa for post-graduate study. There is a very close relation existing between the medical school and the state medical society in that and in other states. Therefore, Iowa has devised the plan of dividing the state into districts and that at certain periods the doctors of these districts indicated, by a majority agreement, what subjects they would especially desire to receive post-graduate instruction in. The teaching staff of the medical school is prepared to offer this post-graduate instruction in a concentrated form. During another period another district would be recognized through the same procedure. We are told that the doctors of Iowa are enjoying this method of post-graduate instruction for several reasons; namely, they remain near their homes, the course is reasonably short and to the point, they get what they want when they want it because there is a sufficiently large group to justify their special desires, and the method is inexpensive.

Dr. Vinsonhaler also wishes me to state that the medical school has a large, expensive and extensive library which he desires to place at the disposal of the medical profession of the state. He believes that a plan can be worked out wherein any doctor of the state can obtain more or less conclusive information on any given subject through correspondence with a librarian. He desires to aid in every way he can the furtherance of such a plan.

He desires me to mention also the situation of the Isaac Folsom Clinic. The Clinic has grown to unusual proportions since the depression began and has been greatly overworked. They cannot begin to care for the applicants. It often happens that patients come in from out of Pulaski county for diagnosis and treatment. The Clinic can and does render every service at its disposal to arrive at a diagnosis in every instance but if the patient is suffering from a condition requiring hospitalization there is no place to send him in Little Rock or Pulaski county since the county cares only for its own indigent sick and injured. Certainly a man with an acute appendicitis deserves as much care following the diagnosis as a tubercular patient but he does not get it. In fact, the tubercular patients are the best cared for charity patients in the state. In other words, tuberculosis has been well sold to Arkansas, but ordinary illnesses have not been well sold. Consequently there is no organized effort made to care for them. Little Rock and Pulaski county institutions cannot care for the indigent sick and injured from other cities and other counties. It is not even fair to expect them to do so. It is Dr. Vinsonhaler's opinion that a State General Hospital or Hospitals is the only solution. He desires to say further that he realizes the matter is a social as well as a medical problem but that after all it is up to the medical profession of the state to plan and work out a solution.

Respectfully submitted,

VAL PARMLEY.

E. H. WHITE, Little Rock:

Mr. President and Delegates, I think this is a very important step if we can make it. I believe we can make this a feature of the post-graduate work by having it disseminated over the state and brought to you, and I

believe that by working it out in some form or other that it can be brought to you at your convenience.

I saw and corresponded with Dr. McCord, who has been teaching in Georgia last summer, and who is going to teach in the state of South Carolina this coming summer, and he says that he will come to the state of Arkansas the following summer if he is invited. His payment, I understand, is taken care of by the United States Government, and he would be pleased to come to this state, if asked.

Dr. Haley has invited him, and I think the state society ought to extend him an invitation and get him the following summer. I also have in my hand a letter from Dr. Adair, Chairman of the American Committee on Maternal Welfare, which is being organized in all states of the Union. It is an educational program, and in corresponding with him, he has asked that this state form a Maternal Welfare Committee. I wrote the President and he said that I might bring it up on the floor. I think if we do have a Maternal Welfare Committee appointed for the education of the doctors and lay people, it ought to come through this organization and not be appointed outside of the society.

By motion, this matter was referred to the Reference Committee.

By motion, Joe F. Shuffield, D. E. White and M. L. Norwood were appointed a special committee to confer with Dr. Walter L. Bierring on post-graduate instruction as conducted in Iowa and report back to the House of Delegates.

At this time, Dr. Walter L. Bierring was escorted to chair by Drs. Barlow, McCaskill and Norwood. (Applause.)

DR. BIERRING:

Mr. President and members of the House of Delegates, I can assure you it is a pleasure and a privilege to be here. I have been interested in looking over your program and reports. It is again significant that it is the work of the individual state society and constituent county societies, that are the real unit of strength in our entire association of organized medicine. Organized as we are on the purely democratic basis, it is of the highest importance that we are all associated together in the same profession, whether it be in elevating the standards of our profession, in promoting the individual welfare and education of our members, or in promoting those legislative measures which are of such importance. It is in the unity of strength that we really accomplish our purpose. But in all these efforts that we are now making toward the discussion of economic problems, let us not forget that our highest function is the maintenance of that standard of service which has preserved us through all the ages, because it is that upon which we are relying for the future.

It is the educational value of a state society in promotion of our program that means something in the annual gatherings of local county societies that is going to keep American medicine in its highest place.

Again I want to assure you that it is a great pleasure to be with you.

The Society's attorney then addressed the session.

HON. PETER A. DEISCH:

Delegates of the Arkansas Medical Society, my report will be an informal one, as I did not expect to have anything to say.

I will try to get over to you again a statement that I always make every time I address you.

Arkansas, today, occupies the enviable position of having as advanced medical legislation as any in the Union. I say we have attained an enviable position so far as the laws pertaining to medicine in Arkansas. It is the way it has been done, because of the team work, the co-operation of the members of this society, which is the only way it can be accomplished. Anything in the way of a compliment that might be paid me, is wholly dependent upon the co-operation, support and help of the members of the society. We must never forget that when you are called upon to do what you can do, that it must be done if we are to continue to be successful.

After many years of attempting to secure the passage of a basic science law, I take very little credit for what has been done. The members of the society responded and communicated with other members of their own county, and we secured that legislation. I wish to discuss briefly four laws that were enacted in the recent legislative session:

First, the mal-practice act. One year ago this month, the Supreme Court of Arkansas said there was no limitation of time in which a malpractice suit might be brought. I want to give credit to the son of one of the Justices of the Supreme Court, McHaney. That young man agreed to introduce the bill, and largely through his efforts it was passed. I consulted with his father in drafting that bill. We now have a proper malpractice act, limiting the time to three years after the alleged malpractice act has been committed.

Another is the requirement that all Healing Arts Boards, of which we have five, shall notify the Secretary of State of all the names of licentiates that have been issued during the last twenty years. This will list all who are entitled to practice the healing arts in Arkansas. This will prevent the back dating of licenses by one of the boards. We know that one of the boards has been guilty of issuing licenses and dating them back, before the passage of the basic science law. That will no longer be possible in Arkansas.

Third, barbituric acid bill. Any medicines containing this compound can no longer be sold by druggists except on prescription, which cannot be refilled.

Fourth, the new law permitting the Medical Examining Board to recognize the certificates that are issued by the National Board of Medical Examiners. That is the legislation that was enacted.

Dr. Norwood knows that at every session various efforts are made to undo what has been done. This session has been no exception. Every bill always has to be watched to see that no backward step is taken.

Gentlemen, I want to say something that might be out of order. It hasn't anything exactly to do with my work. I haven't suggested it to Dr. Brooksher or anybody. And that is the fact that for years and years we have been concerned over the socialization of medicine. Certainly this depression has brought to the fore in the National Congress that idea of regimentation of medicine. It seems the time has come when something is liable to be done along that line. We ought to be warned of this. We ought to be one of the states that will co-operate



with the A. M. A. in combating that kind of legislation. When your society speaks, it ought to speak for the entire profession in regard to unsound suggestions that are made pertaining to socialization of medicine. How are we going to speak? We can't speak to each other. There is only one way to speak, to our lawmakers in the National Congress.

I know that you ought to provide sufficient revenue to enable your secretary and whoever else you might decide is the proper one, to appear before the committee in Washington to express your opinion, such time as their presence is needed, about these pending measures. I know you have not the funds to do what ought to be done along that line.

There is a live question that ought to come before this house. That is a question of putting the dues back to where they have been, so that your secretary might carry the message that Arkansas, in the position that it now occupies and will continue to occupy, will render the help to Dr. Brooksher in presenting our claim to the National Congress. (Applause.)

### REPORT OF THE COMMITTEE ON PUBLIC RELATIONS

The Secretary of the Arkansas Medical Society received a lengthy communication from an organization calling itself the National Medical Committee on State and Federal Contraceptive Legislation. This Committee is composed of men of the highest standing in the medical profession in the United States, including the Speaker of the House of Delegates of the American Medical Association. For this reason this communication was thought to be worthy of serious notice and it was referred to the Public Relations Committee for consideration and report.

Unfortunately the communication is too long to be read in its entirety. It first points out the organization and purposes of the Committee. It then considers the present Federal laws controlling the dissemination of information about, and the devices, remedies, etc., for the prevention of conception; pointing out that it is even illegal to send by a common carrier or through the mails a medical book or magazine containing an article on contraception. Some of the effects of the present statutes are as follows:

(1) This phase of preventive medicine has become surrounded by an illicit, illegal, "boot-leg" atmosphere.

(2) Better class people readily obtain contraceptive advice, while hospitals, clinics, etc., are loathe to establish agencies for the dissemination of such advice to those unable to pay for it, yet the difference in the birth rate of the two classes is enough to justify concern to all thinking people.

(3) Medical text-books and magazines cannot publish articles on contraception and remain available, and medical schools are hampered in teaching it, resulting in ignorance of the subject among physicians themselves.

(4) Under the circumstances there is no authoritative consensus of medical opinion on the subject so that a most disgraceful commercial exploitation has developed, bad from a viewpoint of morality and decency, but worse from that of safety, efficiency and the public health.

(5) Physicians may permanently sterilize a patient, but they are hindered in advising a method that will secure it temporarily.

(6) Physicians may legally undertake a therapeutic abortion for certain conditions that the law refuses to

recognize as legitimate for furnishing contraceptive advice.

(7) The law recognizes no medical indications for contraception.

The communication then analyzes pending legislation. There are three bills before Congress: (1) Senate bill 1541, by Hayden of Arizona, increasing the restrictions, making it illegal to mail contraceptive material and also for **knowingly receiving** such materials from the mails; (2) Senate bill 600, by Hastings of Delaware, and House resolution 2000, by Pierce of Oregon, tending to liberalize the contraceptive practice of physicians. This bill is known as the Sanger bill and it is said to have been drawn by the late Dr. Williams of John Hopkins University, and (3) Senate bill 1375 by Dr. Copeland of New York, increases the restrictions on commerce in such materials, but exempting contraceptive information and supplies intended for medical use.

The objects of the Committee are then stated as being the crystallization of medical opinion and fostering such action by state medical and other societies that the American Medical Association will initiate a comprehensive program of contraception by: (1) Having the Council on Pharmacy and Chemistry or other designated body undertake a comprehensive study and investigation of contraceptives as to their efficiency, safety, standardization, etc., and by (2) instructing its legal department to take all necessary steps to secure passage by Congress of legislation exempting all the medical phases of contraception from federal statutes. That this may be brought before the House of Delegates of this Society, this Committee proposes the following resolution:

WHEREAS, The provisions of Sections 211, 245, 311, and 312 of the United States Penal Code dealing with contraception:

- (1) Seriously reflect on the integrity and probity of the medical profession,
- (2) By hampering physicians in private and clinical practice in obtaining supplies, tend to prevent them from giving adequate contraceptive advice even in cases where it is necessary to conserve health or life itself,
- (3) Prevent the publication of all contraceptive information in medical text-books and medical journals, resulting in widespread ignorance on the part of the medical profession on this important subject and interfering with the instruction of medical students and practitioners concerning it, and
- (4) Constitute an unwarranted interference of the United States with the right of each state to control the practice of medicine within its jurisdiction as it may see fit, and

WHEREAS, Legislation is now pending in the Congress that, if enacted into law, would make the provisions of the Federal Penal Statutes concerning contraception even more rigorous; and

WHEREAS, The whole subject is seriously in need of scientific study and investigation in order that standards of effectiveness and safety may be set up; and

WHEREAS, The medical profession and the public have the right to look to the American Medical Association to assume the role of leadership in both the scientific and legal phases of contraception:

THEREFORE, BE IT RESOLVED, That the House of Delegates of the Arkansas Medical Society requests the

See page  
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Inasmuch as the personnel of the Relief Administration's advisory committees of the county societies had been in service such a short time and had just learned their duties, it was advised that for the sake of efficiency the incoming county society presidents not change the personnel of these committees.

The President, Dr. Mahony, the President-Elect, Dr. McCaskill, the state secretary, Dr. Brooksher, all Councilors and all committees, have been courteous and active, have given freely of their time, have taken care of much correspondence, and I wish at this time to express my many thanks to all.

Respectfully submitted,

S. J. WOLFERMANN, Chairman.

### REPORT OF ADVISORY COMMITTEE FROM THE COUNCIL TO THE EMERGENCY RELIEF ADMINISTRATION

The Committee has a much more satisfactory report this year in that the Relief Administration in September, 1934, entered into an agreement with us for an upward revision of their fee schedule from the original schedule of fees suggested by your Committee, with the exception of a few individual items some of which were slightly decreased and others increased so that on the whole the schedule was based upon what is thought to be approximately fifty per cent of the average ordinary fee for the respective services to persons able to pay. This schedule was published in the October, 1934, issue of The Journal.

There has been an enormous amount of work in this connection, particularly by the secretary, Dr. Brooksher, who worked hard to get a complete list of County Advisory Committees.

We have received quite a number of inquiries from members asking for clarification of some of the rules, some complaints of apparent discrimination by the local administrator, etc., and each and every question was taken up by the Committee with the officials and a satisfactory ruling obtained.

We have had the full, sympathetic co-operation of Mr. Floyd Sharp and Mrs. Ruth Anderson of the ERA office and our relations are now very friendly and satisfactory.

There is seldom a week that Mrs. Anderson does not bring to one of our offices a sheaf of problems, questions, complaints, etc., to be discussed, and here we should state she has always considered the question from the doctor's viewpoint.

It is quite impossible to review in such a short time all the problems that have arisen during the year.

We are advised by the ERA that there has been spent in Arkansas for medical care and drugs from September, 1934, to February, 1935, \$192,050.99, therefore, we are of the opinion that the activities of this Committee has directly saved for the physicians many thousands of dollars, and the doctors themselves should have credit for having done without profit this enormous amount of work.

Respectfully submitted,

M. E. McCASKILL, M. D.,  
Chairman,

D. A. RHINEHART, M. D.,  
S. B. HINKLE, M. D.,  
W. R. BROOKSHER, M. D.,  
S. J. WOLFERMANN, M. D.

### REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS

A. S. BUCHANAN, Secretary

Since our last annual report the Board has held three meetings, two of them being our regular semi-annual meetings, May 15th-16th, and November 13th, and a special call meeting on February 8th. There have been no changes in the personnel of the Board since our last annual report.

Fifty-two candidates for license by examination appeared before the Board, forty-seven of them appeared at our May meeting and five at our November meeting. Forty-five of the total number were graduates of the University of Arkansas School of Medicine, two were graduates of the University of Tennessee School of Medicine, two were graduates of Tulane University of Louisiana, one graduated from Rush Medical College, one graduated from the University of Louisiana and one was a graduate of Jefferson Medical College of Philadelphia, class of 1918. All candidates made satisfactory passing grades and were issued license.

Nineteen applicants coming from eight different states were issued license by reciprocity, as follows: Eight from Tennessee, two from Illinois, one from Missouri, one from Virginia, two from Indiana, two from Iowa, two from Texas, and one from Oklahoma.

Twenty licentiates were endorsed to ten different states for licenses by reciprocity, as follows: One to Arizona, two to Georgia, one to Illinois, one to Minnesota, five to Missouri, one to Indiana, two to Kentucky, one to New Mexico, two to Oklahoma, and four to Texas.

One license which had been previously revoked was restored at our May meeting and the Board, after considering all the evidence presented, refused to reinstate one license during our special meeting in February because it was revealed that the licentiate had not refrained from the practice of medicine since his license was revoked.

The Secretary has received several letters during the past year from the Secretaries of several State Medical Examining Boards with which we have reciprocal contracts expressing resentment because their licentiates are being required to pass the Basic Science Board Examination before being considered by the State Medical Examining Board for license in Arkansas by reciprocity. As stated in my report last year, it is quite evident that the Basic Science Board is doing some splendid work which should be greatly appreciated by the medical profession of Arkansas, and I would not want to suggest anything that would tend to lower our present standard. However, there is some question in my mind as to whether the policy of the Basic Science Board is fair to the high-class graduates of reputable medical colleges who desire to obtain license in Arkansas by reciprocity. Some of these states, although they do not have a separate Basic Science Board in name, embrace the subjects contained in our Basic Science examination in their regular Medical Board examination. One of these states with which Arkansas has a high relation has threatened to make plans accordingly if we continue to subject their licentiates who are graduates of Class "A" medical colleges to such examinations. It is my personal opinion that some definite conclusion should be made with reference to this question in order that our reciprocal relations with other states will not be jeopardized.

In the last annual report the fact was mentioned that



the Board was then involved in a litigation which was the outgrowth of an attempt to revoke the license of one of our licentiates who had been convicted of possessing counterfeit money in the United States District Court and who was later granted a suspended sentence. This case was carried through the lower courts and finally ended with an adverse decision to the Board by the Arkansas Supreme Court. Therefore, so far as the State Medical Examining Board is concerned, there is nothing further that can be done.

Apparently the American Medical Association is making a great effort toward assisting the medical profession in clearing its ranks of imposters. We receive inquiries almost every day from them concerning individuals who claim to hold a legal license to practice medicine in Arkansas. Some of these names do not appear in our files and there is no way in which the Secretary can make verifications. It has been several years since a list of our accredited physicians has been compiled, and, with our limited revenue, it would be almost a financial impossibility to compile such a list. Personally, as several of my predecessors have heretofore recommended, I would recommend that we enact an annual registration law. The fees received would amply provide the expense of handling the necessary set-up, and such a move would, without a doubt, clear our records and make them more efficient.

I would also like to call your special attention to the fact that the Narcotic Department is making greater demands for action against violators of the Harrison Narcotic Act who are licentiates of our Board. This was the purpose of our meeting last February and much discussion was made. However, nothing definite was done because we decided that it might be best to await the action of the Arkansas Supreme Court in the case previously mentioned in this report. I am confident that the Narcotic Department's demands are going to be even greater in the future and this is a problem that should receive great consideration for the benefit of organized medicine in the future.

Respectfully submitted,

A. S. BUCHANAN, Secretary.

## REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

L. J. Kosminsky, Texarkana:

You know that for the second time in the history of the A. M. A. there was called a special meeting of the House of Delegates. This session considered the provisions of the Wagner and Epstein bills which have been introduced in Congress. I think the President and several of the committee spent a great deal of time in Washington and for some unknown reason these bills have not been reported out as yet.

But there is just one remark that came to me that I want to pass on to you, and that is one made by the Vice-President of the United States. If the medical profession of this country would stand as a unit, it would be impossible to pass any legislation that was not satisfactory to them, and the medical profession as a body in unity

could pass any legislation that they saw fit. For that reason, we should believe in organized medicine, and I feel that a strong committee on economics in your state society, a committee on economics in each councilor district society, and each county society, that are active, can combat any socialization of medicine, if these committees can be in constant contact with the national committee of the A. M. A.

Your delegates tried in every way possible to make the wishes of Arkansas known and were 100 per cent against any socialization of medicine or any compulsory health insurance.

I want to thank this House of Delegates for electing me a delegate to the A. M. A., and I sincerely hope that every member of the Arkansas Medical Society can have an opportunity to go to a meeting of the A. M. A. and they will come back sold 100 per cent on the organized medical profession.

Mr. President, I would like to make a motion that the report of your delegates, as published in The Journals of August, 1934, and February, 1935, be adopted.

Adopted.

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Report of Fraternal Delegate by Dr. M. E. Foster, Fraternal Delegate to the Oklahoma State meeting.

Dr. Foster: Mr. President and gentlemen, it gave me a great deal of pleasure to act as Fraternal Delegate to the Oklahoma State meeting last year. They had a wonderful meeting. The meeting over there was organized in a manner similar to that of a great many of the large societies. It was handled in sections, and it seems to me that it has many advantages. It was good. I would certainly like to see our Arkansas meeting handled in sections. It gives you an advantage to hear more papers and types of papers that you would like to hear. They had a large number of very interesting papers on various subjects. Our Dr. Crile was there. He always gives you a lot of food for thought. In this he took up a subject that was of interest to me and which has since been published in a book on Diseases Peculiar to Civilized Man. It is certainly a new thought.

I enjoyed the Oklahoma meeting very much and I sincerely hope that the Oklahoma delegate to Arkansas will profit and enjoy himself as much as I did. (Applause.)

REPORT OF TREASURER

Balance reported Annual Meeting, 1934.....	\$ 5,360.10
Receipts during year from Secretary:	
Secretary's Account, Dues	
April 27, 1934 .....	\$1,750.00
December 29, 1934 .....	650.00
March 28, 1935 .....	2,000.00
TOTAL .....	4,400.00
Journal Account	
April 27, 1934 .....	\$ 750.00
January 8, 1935 .....	2,000.00
March 28, 1935 .....	2,000.00
TOTAL .....	4,750.00
Student Loan Fund, \$10 per mo. (now paid in full)	120.00
Interest, Student Loan Fund.....	7.12
TOTAL Funds available during year	\$14,637.22
DISBURSEMENTS:	
Vouchers No. 507 to 593, inc.....	\$8,469.69
Federal Tax on Checks, 56.....	1.12
TOTAL .....	8,470.81
BALANCE (as shown on my books)	\$ 6,166.41
Checks Outstanding:	
No. 536 Aug. 3, 1934, Dr. M. C. John (2c tax included).....	\$ 1.82
No. 539 Aug. 3, 1934, Dr. Geo. B. Fletcher (2c tax included).....	2.22
No. 574 Feb. 4, 1935, Dr. M. C. John .....	1.80
TOTAL .....	5.84
BALANCE as Certified by letter W. B. Worthen Co., Bankers (Close of Busi- ness April 13, 1935).....	\$ 6,172.25
Respectfully submitted, R. J. CALCOTE, Treasurer.	

REPORT OF SECRETARY

The membership of the Society is 901 today, the same as a year ago today. The total membership for 1934 was 1,034. Attention is again directed to the fact that there are many eligible physicians in the state, not now members of organized medicine, whose influence is needed for our mutual benefit, and who could be induced to affiliate with us if properly approached by membership committees from the respective county medical societies.

We feel that there is a definite need for a merging of county medical societies for scientific work in some sections of the state. County societies existing in these sections have but few members and meet irregularly; in some instances, only once a year. A joint society will supply incentive for a greater interest, insure better attendance, and in general, promote the welfare of organized medicine in these sections. There is no need for such joint societies to conflict with the regular county organizations which may be maintained for the purposes of membership, officers, and state representation. Such plans have worked well in the case of Pope-Yell, Craighead-Poinsett, Howard-Pike, the Tri-County Clinical Society and the Southeast Arkansas Medical Society.

Some statistics of the operation of the office of state secretary may be of interest. During 1934, the secretary attended 10 councilor district medical society meetings, visiting each of the nine organized councilor district societies. Mileage traveled during the year on society business was 14,200. A count of mail matter handled, exclusive of the regular monthly mailing of The Journal, was made for two months, showing that 1,069 pieces of mail were received and 1,551 sent out. 17 bulletins were mailed during the year.

The Journal income, almost exclusively from advertising, amounted to \$4,496.09, a gain of \$1,679.92 over that of 1933. We must again stress the value of co-operation between our members and our advertisers who make possible the publication of our official Journal. Other things being equal, our patronage is certainly due those firms who support us. We hope that our members will become Journal-conscious when making purchases.

Developments of the past few years have demonstrated that the Society cannot render the most efficient service to the members on the present curtailed income. The need for broadening of the activities of the society is urgent with the present threat of socialization and regimentation of the medical profession. New projects are desirable and extensions of present functions may be profitably inaugurated provided funds are available. The need for a return to the former yearly assessment of five dollars per member is urged to the House of Delegates.

In addition to funds reported by the Treasurer, there is on hand in the secretary's accounts, the sum of \$1,293.71, representing funds not yet turned over to the treasurer.

In conclusion, I would like to express my appreciation to the officers and councilors for their wise and courageous leadership during a most stormy year; to the committeemen who have so diligently applied themselves to their tasks; to the county society secretaries who have worked so willingly for the betterment of organized medicine in their respective counties; and lastly, to my secretary, Miss Pauline Bryan, who has cheerfully attended to the many administrative details of this office and has thereby contributed in a large way to its efficient operation.

Respectfully submitted,  
W. R. BROOKSHER.

REPORT OF COMMITTEE ON  
ARRANGEMENTS

Dr. Goldstein: We have arranged all meetings to be held in the Goldman Hotel, except the open meeting which is to be held tonight at 8 p. m. at the Senior high school on Rogers avenue. After this meeting tonight at the Senior high school, there will be open house at several homes, sponsored by Sebastian County Medical Society: Dr. J. A. Foltz, 1116 North 13th; Dr. A. F. Hoge, 3611 Free Ferry; Dr. Fred H. Krock, 3700 Free Ferry, and Cooper Clinic, 100 South 13th. Arrangements have been made with all cabs to take you to these places in Fort Smith for a ten-cent charge. We certainly hope that you will go around from place to place and help us make



this party a success. The Sebastian Medical Society thought this would be a nice way to spend the rest of the evening. We expect you and have planned for you at these places for this reception.

Please tell the ladies that tickets for the luncheon at Hardscrabble may be purchased at the registration booth in this hotel and at the Ward Hotel.

Dr. H. H. Smith has asked me to announce that the three golf clubs in Fort Smith have open house and your badges are your admission to the following: Rolling Knolls, Hardscrabble Country Club, and the U. C. T., and if enough register for the tournament, that will be held at 2 p. m. Wednesday.

Tomorrow evening at the Goldman hotel, there will be a reception, dance and an evening of fun that can be best explained if I may read an announcement of the entertainment committee by Dr. Foltz:

On Tuesday, April 16th, at about 7:00 p. m., a buffet lunch will be served in the Goldman Hotel lobby for doctors, their wives and sweethearts. We promise you an abundance of good things to eat, good music, high class amusement and entertainment. The lunch will be followed by a dance and continuation of the musical and vaudeville program.

"And the night shall be filled with music  
And the cares that infest the day,  
Shall fold their tents like the Arabs,  
And silently steal away."

—Entertainment Committee,  
Sebastian County Medical Society.

(Applause.)

Dr. E. H. White, Little Rock: May I ask the House of Delegates to give five minutes to Mrs. George C. Branner, who has been actively interested in some of the legislation in Washington.

By motion the privileges of the floor were extended Mrs. Branner.

Dr. White: I wish to introduce to the House of Delegates, Mrs. George C. Branner. (Applause.)

Mrs. Branner: Gentlemen, may I identify myself further to say that I am Mrs. George C. Branner, a lay person interested in birth control. I represent the National Committee of Federal Legislation on Birth Control, who, as you know, for many years have been endeavoring to place birth control in the hands of the physicians, as we think it should be.

I was very gratified to hear Dr. McCaskill's splendid report this morning.

I want to say further that I am not an individual who is endeavoring to relieve herself of re-

sponsibility. I am a mother of three children and my interest in birth control is emphasized by the growing relief problem. Statistics have been compiled to the effect that the families on relief over those not on relief, now stand as the ratio of sixteen to ten. You are well aware of the seriousness of this situation. We are always emphasizing birth control, but especially at this time because there is a bill introduced in Congress to amend the penal code by permitting contraceptive information and supplies, now excluded from the mails, to be sent to licensed physicians, licensed hospitals and druggists filling the prescriptions of physicians.

Mrs. Cornish, President of the Arkansas Eugenics Association, is in line with me on this subject and will be with me in the parlor of the balcony this evening between 4:30 and 5:00. If you would like to know what we have been doing and what we are doing, we shall be very glad to receive you.

I would like to leave with the secretary a list of the organizations whom I represent. I would also like to leave a copy of the penal code which we are trying to have amended, and also a copy of the national committee bill, and the medical endorsements for birth control.

Thank you very much.

H. Moulton, Fort Smith:

In Dallas a few days ago, I had an interview with Dr. Carey, who has been president of the American Medical Association and who is a member of a special committee which made a report to the meeting of the House of Delegates of the American Medical Association which was called in special session a few weeks ago in Chicago. This report of this special committee was unanimously adopted by the House of Delegates of the American Medical Association. It had to deal with socialization of medicine, with sickness insurance, with state medicine.

That resolution probably all of you have read. It has been published in the Journal of the American Medical Association and has been published in various state medical society journals and in pamphlet form. At Dr. Carey's request, I drew up this resolution and sent it to him for approval. He has approved it and I hope the Society will adopt it.

Resolution concerning sickness insurance and other matters presented to the Arkansas Medical Society at Fort Smith, Arkansas, April 15, 1935:

WHEREAS: Certain plans have been proposed to Congress and the Administration in Washington seeking to control the practice of medicine and the services of physicians to the public, which plans we believe are inimical to the best interest of medicine and of the people;

THEREFORE, BE IT RESOLVED by the members of the Arkansas Medical Society assembled in regular annual session at Fort Smith, Arkansas, on April 15, 1935, that we heartily endorse the report of the Special Reference Committee, which was unanimously adopted by the House of Delegates of the American Medical Association at a meeting held in Chicago on February 16, 1935, a copy of which is hereto attached.

We also respectfully urge our Senators and Representatives from this state to carefully consider said report adopted by the House of Delegates of the American Medical Association, and to oppose by every practical means the adoption of those measures so forcibly criticized and condemned therein.

By motion the resolution was unanimously passed.

Val Parmley, Little Rock, moved the adoption of the following petition:

"We, the undersigned, hereby petition the House of Delegates of the Arkansas Medical Society, in session at Fort Smith, April 15th, 1935, to permit the formation of a Section on Ophthalmology and Otolaryngology to meet in conjunction with the Arkansas Medical Society and be a part thereof."

(Several Signers.)

The motion was seconded and on discussion, S. W. Douglas offered an amendment to permit the formation of a Section on Pediatrics, which was lost. The motion was unanimously carried.

R. B. Robins, Camden; It has been suggested that our commercial exhibitors be given an opportunity as the sessions are held to make announcements concerning their exhibits. I move that this courtesy be granted our commercial exhibitors. Motion amended by J. A. Foltz, Fort Smith, that a time limit of two minutes be set, and unanimously carried.

By motion the secretary was instructed to send a message of sympathy to A. M. Elton, First Vice-president, Newport, absent because of illness.

The House of Delegates then adjourned.

## FINAL SESSION, HOUSE OF DELEGATES

April 17th, 1:30 P. M.

Meeting called to order by F. O. Mahony, President.

Roll call of delegates showed a quorum present.

On motion, according to custom, in the absence of the regularly elected delegate or alternate, the House of Delegates seated the following as delegates of their respective county socie-

ties: J. R. Parker, Carroll; C. A. Bates, Craighead-Poinsett; J. P. Price, Drew; W. T. Wootton, Garland; F. D. Smith, Mississippi, and J. G. Mitchell and B. L. Moore, Union.

The Report of the Nominating Committee was read by Secretary Brooksher:

President-elect—Sam J. Allbright, Searcy.

Geo. B. Fletcher, Hot Springs National Park.

H. T. Smith, McGehee.

First Vice-President—D. W. Goldstein, Fort Smith.

Second Vice-President—J. B. Jameson, Camden.

Third Vice-President—H. W. Hundling, Little Rock.

Treasurer—R. J. Calcote, Little Rock.

Secretary—W. R. Brooksher, Fort Smith.

Delegate to the American Medical Association (two years)—W. R. Brooksher, Fort Smith.

Alternate Delegate to the American Medical Association (two years)—F. O. Mahony, El Dorado.

Councilor, First District—H. A. Stroud, Jonesboro.

Councilor, Second District—M. C. Hawkins, Jr., Searcy.

Councilor, Third District—F. A. Corn, Jr., Lonoke.

Councilor, Fifth District—L. L. Purifoy, El Dorado.

Councilor, Seventh District—J. M. Proctor, Hot Springs National Park.

Councilor, Ninth District—D. L. Owens, Harrison.

By motion the report of the Nominating Committee was adopted and the Society proceeded to vote for President-elect on ballot, K. H. Wade, S. W. Douglas and Thos. Douglas, being appointed tellers.

Dr. Geo. B. Fletcher received a majority of the votes on the first ballot and was declared elected President-elect. On motion by S. J. Allbright, seconded by H. T. Smith, the vote for Dr. Fletcher was made unanimous.

By motion the Secretary cast the unanimous vote of the House of Delegates for all other officers except Secretary and Delegate to the American Medical Association. The unanimous vote of the House for W. R. Brooksher as Secretary and Delegate to the American Medical Association was cast by President Mahony.

Joe F. Shuffield presented the report of the special committee appointed to confer with Dr. Biering on post-graduate study.

## REPORT OF THE COMMITTEE ON POST-GRADUATE WORK

The Committee to confer with Doctor Biering concerning post-graduate work wishes to make the following report in the form of recommendations:

(1) That the Arkansas Medical Society begin this fall a post-graduate course at the University of Arkansas Medical School at Little Rock, Arkansas, after the model of the state of Indiana, which is a centralized plan using the facilities of the medical school.

(2) After the central unit is thoroughly organized and the teaching material prepared; to begin if indicated, to give courses in several well located towns throughout the state as is now being conducted in the state of Iowa,



with the object of reaching the practitioners who do not have the time and means of going to the central unit.

(3) In order that this work may progress rapidly and effectively that the President of our Association appoint a committee to study the various plans now in operation and make out a definite plan, secure instructors and give publicity to the same.

Respectfully submitted,

JOE F. SHUFFIELD,  
M. L. NORWOOD.

Adopted unanimously.

In conjunction with the report that has just been given, a letter has been handed to me from the American Committee on Maternal Welfare, addressed to Dr. E. H. White, Little Rock. The letter states proper arrangements have been made to hold a meeting on maternal welfare. It is necessary that I know with considerable exactness just how many to expect. Kindly let me know whether or not you will attend. (Signed by Dr. Fred L. Adair.)

Motion made that this letter be turned over to the incoming President to appoint a committee to function for the State Medical Society in conjunction with this National Committee on Maternal Welfare.

President Mahony: Without objection that will be done and the appointment will be made.

Dr. C. W. Dixon: Mr. President, from discussion in the Council we not only are needing more funds at the present time, but will be needing additional funds in the future. Therefore, this resolution has been prepared:

RESOLVED THAT:

I. WHEREAS, Article XI of the State Constitution of the Arkansas Medical Society permits the per capita assessment to be \$5.00 per annum.

II. WHEREAS, FURTHER, the dues were legally \$5.00 per annum by unanimous vote of the House of Delegates at the 1929 session.

III. WHEREAS, FURTHER, by resolution adopted for both the 1934 and 1935 sessions a gentleman's agreement was made for the Secretary to accept \$3.00 for dues for each of those years.

IV. WHEREAS, FURTHER, the increased costs of medical administration demands an increase in funds.

V. THEREFORE, BE IT RESOLVED by the House of Delegates now in session that beginning with the year 1936 the annual assessment be returned to \$5.00.

By motion, the resolution was unanimously adopted.

Dr. Moulton: I wish to make an announcement in connection with the action taken by this House Monday morning. This House provided for the formation of a Section of Ophthalmology and Otolaryngology.

I wish to announce that this section has been

formed and organized by the election of a chairman, secretary and committee on programs. They propose to have a meeting of this section on the morning of the second day of the next annual meeting of this society, and also a round-table luncheon at noon on the same day.

Dr. D. L. Owens: I have here at the present time a proposed amendment to our constitutional by-laws. In the past there has been a good deal of discussion about the seating of delegates in the absence of the regular delegates or alternates. This comes under section 6, page 19.

To amend Section 6 of Chapter VII which now reads:

"SEC. 6. In case of a vacancy in the office of delegate, the Council shall have authority to seat any member of that county society in attendance at said meeting as delegate, with full right to perform all the duties of that office,"

to read as follows and to become Section 12 of Chapter IV:

"In case of vacancy in the office of delegate, the House of Delegates shall have the authority to seat any member of that county society in attendance at said meeting as delegate, with full right to perform all the duties of that office."

Mr. Deisch: You know that an amendment lies over for one year and then requires a two-third vote of the House of Delegates the next year to make it legal. Every time the House of Delegates meets, there are some absentees, and if the House is unable to seat some other member who is present the county will not be represented. Every county is entitled to a vote in the House of Delegates.

The Constitution says the Council has a right to seat anybody. We believe that the House of Delegates should have the authority to seat somebody from the counties which are not represented by their delegate or alternate. It has been done in violation of the constitution. This will be merely legalizing what has been done for a great many years in the past.

Dr. Mahony: Adoption of this is only putting into law what has been done since I have been a member. The House of Delegates has always seated its members. The Council has never functioned because of impracticability. It appears to me that the proper thing is for the House of Delegates to be allowed to seat their Delegates.

Earle Hunt presented for discussion the matter of reading papers by title in the Scientific Session. Following discussion the matter of publishing this particular paper was left to the discretion of the Editor.

L. J. Kosminsky presented an invitation to all members to attend the meeting of the Tri-State Medical Society to be held in Texarkana the latter part of October, 1935.

The Secretary read the annual report of the Auxiliary (printed on Auxiliary page) and on motion this report was received.

The House of Delegates then adjourned.

### GENERAL SESSION.

The first general session was called to order by President Mahony at 1:30 p. m., Monday, April 15th.

The invocation was given by Rev. H. C. Henderson, First Methodist Church, Fort Smith.

The Society was welcomed by Hon. Jim Jordan, Mayor of Fort Smith.

### ADDRESS OF WELCOME

F. H. KROCK, M. D.,  
Fort Smith.

As a representative of the Sebastian County Medical Society, I have been accorded the pleasure of extending to the members of the Arkansas Medical Society and its guests, a word of greeting and welcome. Under such circumstances, it is usually customary to tender to the visitors, the key to the city. Fortunately it is not necessary for us to do this because the door of the city of Fort Smith has never had a lock on it as far as the medical profession is concerned. The door is, therefore, widely open for all of you.

The scientific program, the list of distinguished visitors, including the presidents of both the American Medical Association and its Woman's Auxiliary, the scientific and commercial exhibits and your presence here all bear eloquent testimony to the honor which the Arkansas Medical Society has conferred upon us as hosts in selecting our city for its 1935 meeting. To show our gratitude, it has been our aim that the Society shall have no cause to regret its choice. Various committees have been active for months furthering the details of this aim. We ask that you make known your wishes; every member of our county organization stands ready to speed their accomplishment. It is yours to provide this opportunity that we may know whether or not we have succeeded in reaching our goal.

Again in behalf of the Sebastian County Medical Society, I hereby extend to each and every one the glad hand of welcome, good fellowship and hospitality with the wish that this meeting may go down in history as the most successful ever held by the Arkansas Medical Society.

### RESPONSE TO ADDRESS OF WELCOME

W. T. WOOTTON,  
Hot Springs National Park.

In the pioneer days of the Arkansas Medical Society, in the days when Ex-President Moulton was trying to be nonchalant in his first knee pants, venerable Ex-President Wood was just learning to chew tobacco and the risqué stories that Lemons, Morgan Smith, Holt and others still spring on us annually only had to be shaved twice a day, we medicos from downstate used to ponder whether the doctors of Fort Smith were poised for precipitate flight to the unknown west or were then scurrying back towards the east from whence they had originally come.

Considered from any viewpoint they seemed an aloof, unknown and dangerous bunch, barely within the confines of the state. Their proximity to Oklahoma might easily have associated them in our minds as Pretty Boy Floyds or Choctaw Squaw-men, neither of which seemed to us overly desirable as companions or pals. It was difficult for us at that time to bring ourselves to believe that we might have anything in common.

Bearing in mind that the distances that have been so totally eliminated today were traversed in fear and trembling, and with great loss of time, in those early days, you will readily understand that, as a consequence, attendance at medical meetings was limited and the man in one corner of the state might be many years in coming to know his fellow-man in the opposite corner.

Prominent in my memory album of those days was a farcical play called, "The Texas Steer." In that play was a scene depicting a banquet, rather hilarious. I well remember that a would-be speaker arose and began by saying he wanted to apologize. At that point the man next to him, not sensing the tenor of the speaker's remarks and in no wise agreeing with the sentiment thereof, pulled out his brace of guns and shoved them over, saying, "Hell, don't apologize, shoot."

I do not feel that I owe this audience an apology. I shall probably be one of the very few to appear before you who fails to offer one. If there should be a demand or any shooting it should be a matter between you and the arrangements committee. They knew my limitations, but like the mule that kept running into fence, wasn't blind, just didn't give a hoot.

I am constrained to remark that there is one decided advantage we fellows who have to read these things have over the palaverer who can speak by ear. You may never know whether the author of this monstrosity is the office boy, the



wife, or a dyspeptic secretary, a fact which keeps down mortality.

Be it said, it took good roads, good programs, good politics and good collections to finally bring the men from all sections of the state together and disabuse our minds of the delusions we may have entertained about each other.

Collections must have continued good up here, for year after year we fed and drank; the high-brow would say, wined and dined, these fellows when they came downstate. In a feeble effort to even up the score—balance the budget—we began having occasional meetings in Fort Smith. But it was hopeless to try to square the account in this way. Living in this rarefied atmosphere seemed to develop an appetite and thirst we of the lowlands could not hope to compete with. Such was the state of affairs in those early days and thusly we bided our time, cudgeling our brains for some plan to get them out of the red.

Came our tragic sorrow, the loss of our greatly beloved and most efficient secretary. And, Phoenix-like, out of the ashes of that great sorrow, arose Fort Smith and said she would make amends for all the privileges and pleasures she had heretofore availed unto herself. Fort Smith took over the burdensome job of Secretary to this society and somehow managed to lay it, none too gently, on the shoulders of Billy Brooksher. Fort Smith and Sebastian County, if any one of us from any part of the state ever entertained a suspicion that some one, any one, might be chiselling on our bread and brew, we most humbly apologize. We have come to see the friendly gesture in your past association, your willingness to meet at the banquet board. It was a magnanimous desire to get better acquainted.

And how can one better lose that outer shell of reserve and emerge into the rollicking, back-slapping and necking phase than by gathering round the festive board when it is groaning under the weight of corn and wheat products? Some few of our downstaters may still appear at these meetings wearing a thin shell of the old reserve but I can assure you it will completely dissolve when they are requested to acknowledge that age old salute, here's how!

Seriously, we have seen Billy in action, Billy with his coat off, at work. We have summed up the results of that work in our Journal, our Council, our committees and in our annual meetings. We have come to realize our deep obligation to Fort Smith, an obligation that increases as the months roll on.

Just when we have reached that conclusion the

boys up here want to show how generous this corner of the state can be, so Sebastian County gives us—"Peggy, The Sweetheart of the Society." If Sebastian County had no other claim to our enduring friendship, no other magnet to draw us save this bright star of loveliness, we would forever feel the tugging at our heart strings and would be under everlasting obligations.

What a mistake for one to reminisce about pioneer days and knee pants. A fellow might as well admit to having been a drummer boy during the Civil War, it places one so definitely out of the running.

It behooves me to speak the appreciation of, not only the visiting doctors, but also that of their wives who have elected to share in this work of restoring to usefulness the unfortunate, of putting little feet in the middle of the highway of life that might otherwise stumble along through the brambles at the side of the road.

I wish that I had the ability to properly dwell on the growing partnership that has sprung up between the medical man and his medically inclined wife. Time was when we thought leaving the dirty work of the home to friend wife was about all she could stand.

When day was done and night was come and the messy accumulation of chores, occurring in every practice, were finally disposed of, thoughts wandered to a table of steaming dishes with the little woman presiding over her realm. If we found her a bit jittery over the suspense of having dishes ripen at the approximate but uncertain time of our arrival, we heard no complaint. There was no halt in her rapid trips to and from the kitchen range, no quaver in her voice when she announced "Set." While coffee was being "sauced and blowed," we indulged an interchange of all those little chit chats that had come within our purview that day, harmless enough pay for the seclusion she had endured. When filled to repletion we pushed back but her job was only half through. We reached for a cigar, if that last baby came C. O. D., otherwise borrowed a Camel from daughter. (Chesterfield or Phillip Morris—See adv. section—Editor) We quietly, even surreptitiously, eased off the well worn shoe-boots and Jiggs-like, let the old dogs unlace, then in great contentment settled to a little easy reading or even a nap.

When Ma finally had the dishes washed, the kitchen clean, pots scoured, china put away, the pets fed, washing in off the line and breakfast all arranged in the icebox, she was ready to call

it a day. But just because there was nothing else for her to day, nothing further demanding her attention or time.

This was the picture of yesterday. What is our vision of tomorrow?

It is much too early to admit just how the new deal began. Whether in censure or praise it shall be said we invited the wife to share the work of diapering the undiapered, or whether she first became aware of the mediocre intelligence of the *hoi polloi*; saw how they lacked the ability to obtain or apply proper sanitation, nursing, dietary or medical attention, and promptly laid claim to the problem as being one particularly her own, we do not at this time care to decide. It is our desire to let the question remain in status quo.

Who knows but what some morning a Hibbitt, a Hinkle, Phillips or Garrett may rise up at the breakfast table and demand of friend husband how this thing all started, what's it all about anyway? Has the military pack he carried so bravely degenerated into the obstetrical pack we carry so naively? Is the layette our symbol of servitude to the laic? She may even assert that the metamorphosis of the family pants depend upon her non-submission to added burdens, and thus it might go on far into the coffee hour.

Understand me, as far as I know, no such question has become the battle cry of the morning meal, but, as a precautionary measure, let's not settle the point definitely yet. The truth is, we may want to point with pride. Indeed the auxiliary's work has been so ably guided, has continued with such unabated enthusiasm, the beneficial results of their past endeavors have been so widespread and their comprehensive program for the future has so much promise that I do not hesitate to assert that such is now in order.

In this attitude we should continue to be most generous with our partners. We should be perfectly willing to let them take on this extra burden of work, and we take only half the credit.

• Though it be as wormwood and gall, I am resolved that:

Whereas, Our auxiliary is made up of such charming young women, such utterly good sports, good pals and maybe some playful little pets, and

Whereas, A little harmless cheating is to be expected, yea countenanced, in the best regulated meetings,

Now, therefore, be it Resolved, That these good intentioned women deserve better than

have their path to happiness, hilarity and good cheer cluttered up by a lot of senile, bald heads.

I am convinced that such a resolution would express the sentiment and receive the support of every doctor present, over eighty years of age.

Should I be allowed to mingle the expression of the Society as a whole I should say: We are as pleased at having them join us more intimately in our serious work, attend our meetings and enjoy with us our lighter hours as we were when they first entered our home, kicked out the hound pup and smeared romance all over the place.

Truly, it is a pleasure and a satisfaction for us to meet in Sebastian County. The pleasure of commingling with souls attuned to our ideas, ideals, and I don'ts. Satisfaction in finding that you are not renegades, bound neither east nor west, but substantially planted friends of our own pleasure-loving caliber.

We are not unmindful of the task you have voluntarily assumed in asking us to allow you to be our host and hostess for this annual meeting. Should we disappoint you as guests, we now ask your indulgence.

Whatever your reaction may be, do not look upon us disparagingly. We come to you in the humor for mutual admiration and hope we will not be denied. We come to you no longer as strangers in a strange land who might harbor suspicion. We come to you as guileless neighbors fully cognizant of your good qualities, your high aims and endeavors, your charity and your belief in and love for your fellowman. We have come to believe that you have every quality that endears one friend to another and we find nothing at which we may take exception. Your work is our work; your religion is our religion. We sing the same songs, play the same games; we sorrow together, we revel together. We are as one people.

Through your spokesman, Dr. Krock, you have told us we need no key to your house or heart. You have left nothing unsaid that could add to the sincerity of your desire to have us with you.

We now stand suppliantly at your threshold. Take us in and share with us your good fellowship, companionship and well established hospitality.

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### FINAL GENERAL SESSION Wednesday Afternoon, April 17.

Meeting called to order by F. O. Mahony, President.

Report of the Reference Committee by Dr. J. G. Gladden.



## REPORT OF THE REFERENCE COMMITTEE

We, the Reference Committee, have carefully considered all written reports submitted to us. We heartily commend the committees for their work.

The President's address was a most splendid and inspiring one, and we heartily recommend it to the society for deep thought and study.

We especially wish to commend the work of the Scientific Program Committee, L. L. Purifoy, chairman, for the excellent program that they have presented at this session; the Cancer Control Committee, D. W. Goldstein, chairman; our secretary, W. R. Brooksher, for his untiring efforts in behalf of the society; M. E. McCaskill, for his very successful efforts in dealing with the Emergency Relief Administration; the Committee on Scientific Exhibits, Fred Krock, chairman; the Committee on Medical Economics, I. F. Jones, chairman, and the Public Relations Committee, D. A. Rhinehart, chairman.

We especially wish to again commend the work of the committee on Medical Legislation, Val Parmley, chairman, for its untiring efforts in securing helpful legislation for the medical profession of Arkansas, and for the good work of our attorney, the Hon. Peter A. Deisch.

The Committee on Health and Public Instruction, W. B. Grayson, chairman, is to be commended, also the Committee on Education and Hospitals, Joe Shuffield, chairman, as well as the appended discussion of this report written by Doctor Frank Vinsonhaler.

The report of the Council, S. J. Wolfermann, chairman, shows that the Council has been quite active during the past year and has co-operated with the Legislative Committee and the committee which had to do with making adjustments with the Emergency Relief Administration.

Again it gives this committee pleasure to thank Geo. F. Jackson for his excellent work in arranging for the commercial exhibits.

In commending the Committee on Arrangements, we feel that the entire committee, consisting of D. W. Goldstein, chairman; C. S. Holt, J. A. Foltz, H. Moulton, M. E. Foster, W. G. Eberle, I. F. Jones, all of Fort Smith, should be commended for their efforts to make this one of the most pleasant and successful meetings this society has ever held.

Respectfully submitted,

GEO. B. FLETCHER,  
J. G. GLADDEN,  
B. M. STEVENSON.

By motion the report of the Reference Committee was adopted.

Report of the Council by Dr. D. L. Owens, Secretary.

April 15, 1935. Auditing committee of Owens, Allbright and Dixon appointed. Usual honorariums allowed secretary-editor and counsel. Secretary instructed to pay expenses incident to the annual session. Telegram of sympathy sent Don Smith, absent because of illness. Honorarium offered Chairman of Legislative Committee for services in recent legislative session. Thanks of Society extended the legislative committee. Recommendation that annual assessment of members be returned to five dollars for 1936.

April 16, 1935. Approved installation of a biographical card index system in secretary's office at a cost not to

exceed one hundred fifty dollars. Approval given for a conference of county society secretaries. Instructed delegates to the American Medical Association to sponsor a resolution requesting that the Council on Medical Education and Hospitals of the American Medical Association amend its requirements for the certification of specialists by requiring membership in county and state societies. Ordered funds remaining in Gorgas Fund transferred to the general funds of the Society. Received and adopted report of the auditing committee. Received report of Geo. F. Jackson, Council representative on commercial exhibits, showing that \$620.92 had been turned over to the Sebastian County Medical Society from sale of exhibit space. Extended thanks to Dr. Jackson for this work. Reports received from the following Councilors: Majors, Allbright, Dixon, Purifoy, Fletcher, Owens and Wolfermann. Secretary instructed to secure, if possible, a transcript of the eclectic licensure trial proceedings.

April 17, 1935. Attention directed to a resolution which calls for the secretary to act as delegate to the American Medical Association from year to year, receiving a sum not to exceed one hundred dollars on expenses in connection with his attendance at each meeting. The Sebastian County Medical Society donates one hundred and fifty dollars to the State Society as funds in excess of the expenses of entertaining the 60th annual session over their receipts. President and secretary instructed to continue the employment of Mr. Deisch. Voted invitation to Dr. J. R. McCord to conduct a series of lectures on obstetrics in the state during 1936. Adopted proposed amendment on procedure of seating delegates.

By motion the Report of the Council was adopted.

## REPORT OF AUDITING COMMITTEE

We, the Auditing Committee, have examined the books of the Secretary and of the Treasurer of the Arkansas Medical Society and approve the same as correct.

Respectfully submitted,

D. L. OWENS,  
S. J. ALLBRIGHT,  
CHAS. W. DIXON.

All past presidents of the society were requested to come to the platform. Seated were Drs. Barlow, Kosminsky, Lemons, Mock, H. Moulton, Norwood and Wootton.

Dr. Wootton and Dr. Kosminsky were appointed to present the new president-elect and escort him to the platform.

Dr. Mahony: Gentlemen, it gives me great pleasure to introduce to you Dr. M. E. McCaskill, our new president of the Arkansas Medical Society.

Before I turn over to Dr. McCaskill the duties of office, I want first to express to the Sebastian County Medical Society my sincere thanks for their efforts and for having caused me to have a most pleasant and enjoyable stay in the city of Fort Smith.

I wish also to express to the Goldman hotel management my thanks for their efforts in behalf of myself and my wife, and to the Auxiliary

of the Sebastian County Medical Society for the beautiful floral offerings placed on our table.

I want also to express my sincere gratitude to the members of the Arkansas Medical Society and especially to those officers who have been most co-operative. Without their assistance and aid, such a wonderful meeting as we have just had could not have been possible. With only one exception every part of the program has been filled, and that was an unavoidable occasion.

I very greatly appreciate the efforts of the different committees who have functioned so ably and who have rendered such full reports that it makes us feel that we have had one of the most enjoyable and one of the best meetings we have ever had.

To you I want to say that Dr. McCaskill, who will now assume the authority as president of the Arkansas Medical Society, needs no introduction, he needs no rules from me. Everyone knows his honest efforts and his work in organized medicine.

Dr. McCaskill, I trust and I believe that you will have the same hearty co-operation from the members of the Arkansas Medical Society as they have given to me and which could not be any better. I thank you. (Applause.)

#### ADDRESS OF INCOMING PRESIDENT.

It is customary for the incoming President of the Society to say something of his policies which are the result of his interpretation of the trend of Modern Medicine, especially of the features affecting us as a group, and the welfare of the membership.

The American people are receiving the best medical service of any people in the world today and the credit for such should be given to the American physicians. Every discovery of major importance in medicine during the past twenty-five years has been made by American physicians. Our progress in the Science and Art of Medicine has been so rapid and the field so broadened that there is of necessity a constant change.

We are now confronted with an economic problem which has to do with certain proposed changes in the manner of the practice of medicine, suggested by persons who are unfamiliar with many of our problems, and perhaps in many instances, not in sympathy with them. Many theories have been expounded, much printer's ink used, many thousands of dollars spent and yet the problem has not been solved.

I have read and studied every plan available

to me and I am, if possible, more confused than ever and convinced that we should be very slow to adopt any change at present and certainly no radical change in methods until the entire profession is in agreement. I should express to you my fixed opinion that we are capable of handling the subject without copying any European plan or accepting the suggestions of any impractical inexperienced theorists.

We should continue to study the problems from all angles with open minds, constantly keeping before us, as always in the past, the welfare of the people who are in need of our services as of primary importance and our welfare as secondary.

Any system of regimentation or chain store practice would inevitably reflect to the detriment of the recipient of such services and to the discredit of the physician.

Dr. McCaskill: The next order of business is the presentation of the president-elect, Dr. Fletcher of Hot Springs.

Dr. Allbright and Dr. Smith escorted Dr. Fletcher to platform.

Dr. McCaskill: I feel sure that this body would like to hear a few words from our president-elect, Dr. Fletcher, and I would like to have him say a word or two.

Dr. Fletcher: I have two regrets in being placed in this position. The first is that I had to receive more votes than two of my very best friends in medicine. The other is that I had to leave the Council with which I have been associated with a great deal of pleasure.

There is nothing else to be said except, I thank you!

Dr. McCaskill, the next order of business will come under the heading of new business.

The Secretary read the following resolution presented by Joe F. Shuffield:

WHEREAS, It is believed that no annual meeting of the Society has been more successful than the present one, and

WHEREAS, The Sebastian County Medical Society has extended every courtesy and facility that human thought could suggest, and has done everything that true Southern gentlemen could to contribute to the pleasure of the occasion,

NOW, THEREFORE, BE IT RESOLVED, That the thanks of the Arkansas Medical Society be extended in the most generous measure to our brethren of Sebastian county for their whole-souled hospitality, and to the Auxiliary who so graciously aided them, and without whom the sixtieth annual session could not have been so marked a success.

Unanimously adopted.



Dr. H. E. Murry of Texarkana: Mr. President, in enjoying the meeting of the Sebastian County Society, Fort Smith's courtesy and hospitality cannot possibly be surpassed. We will all agree that there was never a more congenial meeting and everything worked out wonderfully.

We are not making an effort to surpass this entertainment, but we are asking you earnestly to come to our place next year for the meeting. I have telegrams here from practically all the civic organizations, American Legion, Kiwanis Club, Lions Club, Rotary Club. We sincerely want you to come to the southwesterly corner this year and be our guests and let us make an effort to entertain you. Come to Texarkana next year.

W. T. Wootton of Hot Springs: Gentlemen, I am afraid that some of you might possibly forget that you have a standing invitation to come to Hot Springs. When all other places fail you, always remember to come to Hot Springs.

I am sure that we feel a little trepidation in asking you to come to our city after being in Fort Smith. I am not saying that we can do for you what Texarkana can do for you, but we will be sincerely glad to have you at all times.

Dr. Snodgrass of Little Rock: We would like to have you come to Little Rock. You know what we can do for you. You have been there before. I have no authority from the Chamber of Commerce and other bodies but can get them, I am sure, if they are needed.

Dr. A. S. Buchanan of Prescott: I extend you the invitation to come to Prescott. I extended the invitation last year and got seventeen votes. When I extended the invitation last year, I said to you that we had four hotels, four stories high, in that town, that we had the only diamond mines close by, the biggest oil fields in the world just south of our town, and one of the greatest fishing places in the United States.

I did not tell a lie before and when I extended that invitation the town was not equal to what it is now. We now have ten hotels, ten stories high.

To you one and all, I ask you to come to Prescott, Arkansas, next year for this annual meeting.

Dr. Robins: I want to announce that Dr. Buchannan is the biggest liar here because they don't even have a hotel in Prescott (Laughter.)

By motion vote on the place of next meeting was by acclamation.

The four cities were voted on by acclamation in the order as they asked for the meeting.

Texarkana received 28 votes.

Hot Springs received 29 votes.

Little Rock received 4 votes.

Prescott received 5 votes.

By motion Little Rock and Prescott were dropped and the vote was on Texarkana and Hot Springs. Hot Springs received 36 votes, Texarkana 35 votes, and Hot Springs was declared to be the next place of meeting of the Society.

The following nominations for position on the State Medical Board of the Arkansas Medical Society were announced:

First Congressional District—

W. M. Majors, Paragould.

F. D. Smith, Blytheville.

L. C. McVay, Marion.

Fourth Congressional District—

L. J. Kosminsky, Texarkana.

P. H. Phillips, Ashdown.

C. E. Kitchens, DeQueen.

Fifth Congressional District—

W. A. Snodgrass, Little Rock.

Robert Hood, Russellville.

G. L. Hardgrave, Clarksville.

By motion the nominations were adopted.

The General Session then adjourned.

## MEMORIAL SESSION.

**Tuesday, April 16, 8:30 A. M.**

The Memorial Session was called to order by the President.

The invocation was given by Rev. J. W. Hickman, First Presbyterian Church, Fort Smith.

"The Silent Sea"—Miss Delmaya Dorough, Miss Irene Dubois, Mr. Ralph Jones, Mr. Ben Lodbill.

## MEMORIAL ADDRESS

**W. H. MOCK,**

**Prairie Grove.**

The inevitable flight of time has brought us again to the threshold of an occasion that embodies sadness, reverence, and the tenderest memories. This occasion to me is supremely solemn and sacred, and in a spirit of reverence and respect, and in accordance with a custom now consecrated by time and long approval, we meet today for a purpose that has the dignity of funeral rites without their sadness. I would that those who have gone before could lean over the parapets of paradise and see that this occasion is in memory of their loyalty to their profession, their devotion to their community, and their sacrifices, noble deeds and unrelenting service which are enshrined in the hearts of all who

came under their influence and care. They lived to bless, comfort and heal those within their sphere. They builded monuments in the hearts and affections of their people as towering, as majestic, and as enduring as the lofty mountains that might have nurtured and cradled them.

We are all torch bearers, we have received the flaming emblems from fallen hands. May we hold them high for those who gave them to us and, if we fall, pass them on to nobler hands. This pledges us to a higher life, gentler impulses, and loftier ideals that require thoughtful regard of the strong for the weak, the rich for the poor, the well for the sick, the glad for the sad. A deeper appreciation, a greater benevolence, a kinder heart and a willingness to recognize quality, merit, and good in others.

When we dream of the dim distant future we gather comfort in the thought that there are secret and fraternal organizations whose rosters are composed of individuals who have been especially selected by reason of certain accomplishments. Many positions are acquired through peculiar friendly relationships or probably political preference. Some affairs are so exclusive that they are only attended by invitation to those who can measure up to certain financial and social standards, but there is one example that stands out pre-eminently; it is the most liberal in its scope. It does not bar or except individuals, position, race or rank. Its invitation covers the broad range of humanity, the entire realm of the universe. It is found among the pages of the Great Book of Life: "Who so ever will may come."

No good impulse, noble action, or splendid deed of loyalty and self-sacrifice is ever lost, but leaves its indelible imprint upon the race, and moulds the very thought and will of future generations. A single virtuous action has exalted and immortalized a village, city or nation; It is oftentimes true that from small seeds dropped in the soil the finest fruits develop. And it is from the human conscience inspired and directed by the principles of duty that the greatest models of character have arisen and extended their influence throughout generations. If the world is not daily better because we have lived, and if the circle around us is not brightened, strengthened and helped, and in some way made happier, our living has been in vain, and life is an empty dream.

To the ladies of the Auxiliary, with the deepest appreciation and profound respect I wish to say, we owe a great duty to the womanhood of

the land. We must give them every care and consideration. Extend the greatest kindness and sympathy, and remember their faithfulness, service, sacrifices and their devotion to the cause of humanity. They are on duty in the sanctuary of home, the dearest spot on earth to every human heart.

I have read somewhere among the pages of a wonderful book, "now abideth faith, hope and charity, but the greatest of these is charity." Consider what the white winged angel of charity is doing to liberate and relieve misery and want in the world today, in every benighted land to all humanity throughout the scope of the universe. Faith keeps us steadfast, it is the thing that makes us carry on, it is the inspiration of progress and advancement. Hope is the sunbeam that dispels the gloom of the dreary day, it is the starlight of the darkest night. Without hope the world would be a whirlpool of despondency. Under all conditions it exhibits always its cheerful influence. Nothing can deter us from listening to its sweet illusions. Under the most trying circumstances of life, in the darkest hour of despair, we all cling to the last spark of the everlasting light of hope. So as we journey along the pathway of life, let us be messengers of Hope, Peace and Truth.

If you were searching for the most outstanding example of true greatness, would your conclusions be based on the accomplishments of the poet, the musician, the artist, or the statesman? Or, would you decide that by the highest standards of man's measurements of human achievements, that the greatest individual is the one who does the greatest good to the greatest number? Who spends his life in conscientious service to mankind: the PHYSICIAN. The reward for service lies buried beneath the mighty stone of life's problems. Service is a master key and if embellished with intelligence, kindness and sincerity, it will unlock the gateway to happiness.

Reading of names of deceased members—Dr. W. H. Mock.

Reading of names of deceased Auxiliary members—Mrs. L. T. Evans, Batesville.

"Hark, Hark, My Soul"—Quartette.

President Mahony: On behalf of the Arkansas Medical Society, I wish to extend thanks to all who have assisted in these services.

Benediction.

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Speaking of clever doctors, you find many of them in Arkansas.—The Mississippi Doctor.



## WOMAN'S AUXILIARY PAGE

MRS. D. W. GOLDSTEIN  
Publicity Secretary, Fort Smith

### REPORT OF THE ELEVENTH ANNUAL SESSION OF THE WOMAN'S AUXILIARY TO THE ARKANSAS MEDICAL SOCIETY

The eleventh annual convention of the Woman's Auxiliary was held in Fort Smith on April 15, 16, and 17, with a good representation from each county present.

The Executive Board meeting was held at the Ward Hotel, April 15th, and was followed by the County President's luncheon. This luncheon honoring the county presidents was an added feature this year, and nearly one hundred guests were present to hear Mrs. David Long, National Public Relations Chairman talk about the many problems that are confronting the medical profession today. Mrs. Long's subject, "Auxiliary Women, What Now," was as interesting as its intriguing title intimated, and it was presented in a charming, forceful manner.

The General Session was called to order by Mrs. Eugene Stevenson, the Sebastian county president, and the meeting was opened with an invocation by Rabbi Teitelbaum. Mrs. E. C. Moulton, Fort Smith, welcomed the visitors with a cleverly worded address of welcome in rhyme, and Mrs. L. T. Evans, Batesville, another talented Auxiliary poetess, responded in a like manner. Mrs. Wm. Hibbitts, Texarkana, State President, was introduced, and she presented the honor guests, Mrs. Roger N. Herbert, President-Elect of the American Medical Auxiliary, and Mrs. David Long, Public Relations Chairman of the American Medical Auxiliary. The revision of the Constitution was the important business presented, and this was conducted by Mrs. S. A. Collom, Texarkana, chairman of Constitution and By-Laws. Mrs. B. A. Rhinehart, Little Rock, gave a most interesting account of the American Medical Auxiliary meeting in Cleveland.

A beautiful tea was given at the home of Mrs. S. J. Wolfermann where the guests had an opportunity to meet old friends and to make new ones.

On Monday evening we had an opportunity to hear Mrs. Roger Herbert, President-Elect of the American Medical Auxiliary, talk on "The Woman's Auxiliary and the Medical Profession," and Dr. Walter Bierring, President of the American

Medical Association, speak on "The Doctor and Plans for Economic Security." Following these most instructive addresses everyone was invited to attend receptions given at four of the local doctor's homes.

A beautiful memorial service opened the program on the second day. This was held at the Goldman Hotel, and Dr. W. H. Mock, Prairie Grove, gave the memorial address.

The second business session of the Auxiliary was held at Ward Hotel, with Mrs. Wm. Hibbitts, president, in the chair. Interesting and enthusiastic reports were given by the state officers, committee chairmen and county presidents. Dr. F. O. Mahony, president of the Arkansas Medical Society, and Dr. W. B. Grayson, State Health Officer, talked to the Auxiliary members about work that the county auxiliaries could do to help the medical profession.

The reports showed that along with the programs of Self-Education for the doctor's wife, Public Relations, and Annual Physical Health Examinations, that the Auxiliary had distributed 570 health leaflets, 75 study envelopes, placed 70 Hygeias in schools, libraries, women's clubs, and children's homes. Much material for programs has been used from these magazines. Health Clinics for both white and colored children have been held. The members have served on many health committees, assisted in the Red Cross work, Crippled Children's clinics, and Tuberculosis clinics. Health exhibits have been shown, and many groups have presented the film on cancer to the public. All over the state contests on communicable diseases were conducted for school children, and one auxiliary reported an intensive campaign in their schools on common colds, impetigo, and scabies. Two hundred obstetrical kits were made by one auxiliary, and they also held classes for instruction in this work for the colored people of their city.

The Student Loan Fund was increased, and there was an increase in membership, and in members-at-large. The Auxiliary was divided into Councilor districts, and a revision of the Constitution will also be most helpful to this organization.

The following officers were elected for 1935-36:

Mrs. Marcus T. Smith, Conway, President.  
 Mrs. J. T. McLain, Gurdon, President-Elect.  
 Mrs. Pierre Redman, Fort Smith, First Vice President.  
 Mrs. Curtis W. Jones, Benton, Second Vice President.  
 Mrs. H. E. Murry, Texarkana, Third Vice President.  
 Mrs. A. L. Carter, Berryville, Fourth Vice President.  
 Mrs. B. A. Bennett, Little Rock, Treasurer.  
 Mrs. D. W. Goldstein, Fort Smith, Publicity Secretary.  
 Mrs. C. W. Garrison, Little Rock, Historian.  
 Mrs. S. A. Collom, Sr., Texarkana, Parliamentarian.

The Sebastian County Auxiliary members were hostesses at a very beautiful luncheon at the Hardscrabble Country Club. The guests were seated at small tables, which were decorated with spring flowers, and small favors of candy flower pots. Mrs. Eugene Stevenson, Sebastian County President, acted as toastmistress. During the luncheon, musical numbers were given by Madeline Marker, a talented young violinist, and two excellent numbers by a girls' trio. Mrs. Hibbitts gave the president's report, and then introduced Mrs. Herbert, who made a most interesting talk on "The Aims of the Auxiliary."

Mrs. Hibbitts installed the new officers, and after accepting the gavel, the new president, Mrs. Marcus T. Smith, Conway, told of her plans for the coming year's work. Under the guidance of her splendid leadership the Auxiliary is well assured that Arkansas will do much to advance their work next year.

This brought to a close the business of a most successful and enjoyable convention.

MRS. Wm. HIBBITTS,  
 President;  
 MRS. H. E. MURRY,  
 Secretary.

At regular intervals from varied sources comes the inquiry why "something isn't done" about this or that. . . .

Solutions are not born of the moment. Many problems will never be solved or adjusted until every doctor relinquishes the argumentative attitude for one of co-operative action and support.

If you render services at a discount or a split of the regular fee; if you serve in a clinic or dispensary where persons able to pay receive free service; if you are filling out insurance certificates for no fee; if you are failing to practice preventive medicine and stand by while parents take their children to health clinics; if you neglect to cultivate and enlighten your senator and representative—if—well, if you fail to play an active part in your county

society and your community you will find the answer is because of YOU. If all the "yous" would rally in support of their county society, satisfactory solutions would be attained. Will "you" get busy? Will "you" go to work?—The Journal of the Michigan State Medical Society.

### RESOLUTION.

WHEREAS, Through the mysterious workings of Providence, our friend, colleague, and fellow member of the White County Medical Society, Dr. A. G. Harrison, has been removed from our midst; and

WHEREAS, We feel that not only the medical and surgical profession but also this community, county and state has suffered a distinct loss;

THEREFORE, BE IT RESOLVED: That in the death of Dr. Harrison we have been deprived of a valued friend, and organized medicine has lost one of its most staunch supporters;

AND BE IT FURTHER RESOLVED: That we extend the bereaved family our sincere sympathy in their time of sorrow; and

BE IT FURTHER RESOLVED: That a copy of these resolutions be sent to the bereaved family, a copy spread upon the minutes of this Society, and a copy sent The Journal of the Arkansas Medical Society.

W. R. FELTS,  
 F. P. HARDY,  
 SAM J. ALLBRIGHT,  
 Committee.

### THE NEW BARD-PARKER RIB-BACK BLADE GIVES GREATER STRENGTH

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## BOOK REVIEWS

**The Autonomic Diseases or the Rheumatic Syndrome.** By T. M. Rivers, M. D. Pp. 299. Price \$3.00. Philadelphia: Dorrance and Company, 1934.

In reviewing this book, I am reminded of a story which is told of a practitioner of medicine in the early days of Arkansas when the only requirements for registration were a sway back mule and the price of a license. This guardian of the public health had never been out of his county, much less to a medical school, but strange to relate, he was surprisingly successful in curing his patients. When pressed for the secret of his success with his patients he finally confided to a friend, "Well, it's very simple. I'm hell on fits, so no matter what's wrong with 'em, I pile enough quinine and asafetidy in 'em to throw 'em into fits. Then I cure the fits."

The title of this book conveys the author's belief that the autonomic diseases and the rheumatic syndrome are synonymous and he submits an imposing array of chronic diseases having one or more symptoms in common with chronic arthritis. Once the relationship between the disease and arthritis is established, all one has to do is institute treatment for arthritis and the other disease will get well or improve.

The author makes frequent mention of extensive research work which he has done and suggests the following theory as the method of infection in arthritis: "The bacteria emit an enzyme which digests and decarboxylates the amino acids converting them into amines." . . . "These toxins are amines and the more important of the toxins which cause this type of arthritis are isoamylamine and histamine, which amines direct their augmentary action through the cranio-sacral nerves and their inhibitory action through the thoracico-lumbar nerves and it is the action of these amines on the tissues which causes the morbid conditions about the joints and other tissues which we know as rheumatism in its acute stage and rheumatoid arthritis in its chronic stages."

Under treatment the author discusses all of the recognized therapeutic measures for arthritis, but includes suprarenal extract, ephedrin, camphor and thyroid extract because of their "inhibitory action through the thoracico-lumbar nerves" on the fibrous and elastic tissues.

The bibliography is large and could have been useful if complete references were given. In many instances, however, the title of the article, the author's name and the name of the journal is all that is given without any information as to date or location of the article.

While there is still much to be learned regarding

chronic arthritis, the reviewer does not feel that this book helps to fill in the void. The theories and conclusions presented are far from convincing and considerable more data will be necessary before they will be given much serious consideration.

**Economic Problems of Medicine.** By A. C. Christie, M. S., M. D., F. A. C. R., Professor of Clinical Radiology, Georgetown University Medical School, President, Fifth International Congress of Radiology, etc. Pp. 242. Price \$2.00. New York: The Macmillan Company, 1935.

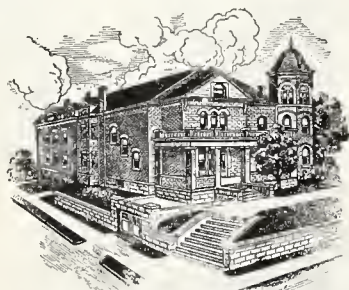
Christie has accomplished a task which has been contemplated by us for a long, long time, but for which we never seemed to accumulate the necessary fortitude and self-denial. The generous thanks of the medical profession are due him for his amazing industry in condensing the multiplicity of articles dealing with medical economics into this remarkable volume. In our opinion he has admirably succeeded in his objectives: "The following chapters attempt to set forth the fundamental principles which underlie medical economics, to state essential facts in various fields, to describe plans which are proposed or under trial by various agencies, and finally to offer some suggestions and plans for the future." This small volume, available at a most modest price, should be a text for zealous study by every private practitioner in America.

**Tuberculosis.** By Fred G. Holmes, M. D., F. A. C. P., Director, National Tuberculosis Association; Chief of Staff, Good Samaritan Hospital, Phoenix, Arizona; etc. Pp. 312. Price \$2.00. New York: D. Appleton-Century Co., Inc., 1935.

This book contains a discussion of the best opinions and advice of our leading specialists. It is well written, thorough and comprehensive.

In no other disease is it so necessary that the patient learn about the disease as in tuberculosis. In typhoid fever, malaria, diphtheria and other acute diseases the patient's welfare depends largely upon the efforts of the physician and not so much on the co-operation of physician and patient as in tuberculosis. Consequently, the treatment of tuberculosis is essentially educational for co-operation is not possible except when the patient has a definite understanding of his disease.

This book explains the exact nature of the disease, the symptoms and the complications so that the sufferer may know just what to expect, how to recognize improvement and what to do in order to secure the best results in his individual case. It will be useful to physicians, patients, nurses and public health workers.



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# THE JOURNAL

## of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXII

FORT SMITH, ARKANSAS, JULY, 1935

No. 2

### FURTHER OBSERVATIONS IN TRANSURETHRAL PROSTATIC RESECTION\*

H. FAY H. JONES, M. D., F. A. C. S.,

and

T. DUEL BROWN, M. D.,  
Little Rock.

During the past three years there have been innumerable publications about transurethral resection of the prostate. The writers of many of these were pessimistic in their views, others were willing to wait for the acid-fast test to prove the merits of such a surgical procedure, while the greater majority praised this newer method of relieving prostatic obstruction.

Two years ago we made a preliminary report on this procedure before this society in Hot Springs. As we have become more skillful in using the resectoscope many of our ideas about resection have changed. It is truly not a minor procedure, but has equally as many hazards and pitfalls as any other type of operative surgery. During the three years of experience with the resectoscope, we have obtained good results in most cases, fair results in some, and poor or very unsatisfactory results in others. However, the satisfactory results predominate to such an extent that we believe resection is indicated in at least 95 per cent of the cases of prostatic obstruction.

Improvements and perfections for electro-surgical instruments have kept stride with the skill and progress of the resectionists. The delicate and expensive equipment for transurethral resection is frequently in need of repairs, replacements or addition of some new attachment.

We have used both the French No. 24 and No. 28 resectoscope. If the urethra is abnormally small or congenitally deformed, the large-sized instrument cannot be used without causing stricture formation. This happened in two of our earlier cases and, even though both patients obtained relief from prostatic obstruction, it has been necessary for them to have urethral dilations regularly since their operations. We have

found that bleeding vessels, which cannot be seen with the French No. 28 resectoscope due to pressure during manipulation, can frequently be visualized satisfactorily with the much smaller French No. 24. We always use both the observation foroblique and retrograde telescopes for visualization before and after the resection.

During the past two years we have found the metal covered sheath and the Timberlake obturator to be very satisfactory. Introduction into the urethra is not only done with less trauma, but the metal sheath makes possible easier manipulation of the instrument. We have also found that withdrawing the sheath for frequent lubrication will not only make manipulation easier but will prevent the metal from becoming warm enough to be deleterious to the tissues.

Diligent pre-operative and post-operative care are just as essential to the welfare of the patient as a skillful resection. A preparation period varying from a few days to several weeks is usually necessary to bring the blood chemistry findings and kidney function tests within normal limits. In these cases an indwelling catheter is used for continuous drainage and gradual decompression of the damaged kidneys. If a patient tolerates the catheter easily prior to the operation, he will likely do so afterwards; but if he does not tolerate it before it is usually difficult to keep free drainage after the operation. With the patient who does not tolerate the catheter we believe that a suprapubic cystotomy will not only promote better drainage with less pain for the patient but will also shorten the preparation period.

In reviewing our cases of resection during the past two years, we find the average age is gradually decreasing as the physicians and patients are becoming more familiar with this newer type of operation for relief of prostatic obstruction. Due to the better condition of these patients from a general viewpoint, a much shorter period of pre-operative preparation is required. The period of hospitalization varies from one week to several days. We have had a few cases in the hospital only five days but the average time is from seven to ten days. From two to four days in the hospital previous to the operation is often

\* Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 16, 1935.



desirable. Even this short period will allow the patient to become accustomed to the hospital routine and will afford an opportunity to force fluids by mouth. Some refuse to drink large quantities of water and frequently it is necessary to give infusions of concentrated glucose in order to bring the blood chemistry down to normal. We always have a competent internist make a complete medical examination before the operation as the resection should not be done until the patient is in the best possible condition.

Hemorrhage during and following the resection has always been, and still is, one of our chief concerns. At times, and especially if high on the lateral lobes, the bleeding vessels are hard to locate and difficult to coagulate. On three occasions we have given blood transfusions either on the same day or the day following the operation. A suprapubic cystotomy was done for an out-of-town patient who went home on the sixth day following the operation. The second day after going home he began hemorrhaging and after two days of almost continuous bleeding the family physician sent the patient back to us. By that time he was so weak that he failed to respond even though, under local anesthesia, the bladder was packed to control the hemorrhage and a blood transfusion was given immediately. On four occasions it has been necessary to take the patient back to the operating room to remove blood clots and coagulate the bleeding vessels. We have found that if the blood is coming from general oozing it usually stops after a few hours of frequent, gentle, warm, saline irrigations through the liberal sized, two-eye, whistle tip catheter. Nearly all types of blood coagulants have been used but their merits are a matter of conjecture.

Low spinal anesthesia has been used in the majority of our cases. Sacral and para-sacral block have been used several times but we prefer the spinal since it is simpler, easier, less painful to the patient, and lasts longer. Some men claim that resection is more difficult under spinal anesthesia because it gives more relaxation of the vesicle neck. We have found that relaxation can be minimized by upward pressure on the gland with a finger inserted into the rectum. In almost all cases we have used the same internist to give the anesthetic and watch the patient during the operation.

To prevent epididymitis following the resection, a ligation of the ducti deferens is done on all cases. Epididymitis is not only painful to these patients but lengthens the period of convalescence.

Transurethral resection of the carcinomatous prostate gives relief from the obstruction without suprapubic drainage. In most cases deep X-Ray therapy before or after the resection inhibits metastasis and gives relief from pain.

The post-operative care is of paramount importance. We insist on having special nurses who will look after the patient diligently during the first two days. Rectal suppositories containing opium offer relief by inhibiting spasms of the bladder due to the presence of the catheter.

### CONCLUSIONS.

1. The McCarthy telescope gives a perfect view of the prostatic urethra.
2. The Davis-Bovie electro-surgical unit has proven entirely satisfactory.
3. There is very little time saved in the preparation of the patient whether resection or enucleation is contemplated.
4. Resection will lead to more frequent consent to early operation thereby lessening the operative risk.
5. Resection should not be considered a minor operation.
6. Resection has been proven as a safe and sane procedure for relief of prostatic obstruction.

### ABSTRACT.

FLINN, FREDERICK B.—Some Clinical Observations on the Influence of certain Hygroscopic Agents in Cigarettes. Laryngoscope, 1935, XLV No. 2, 149-154. Mulinos & Osborne (Proc. Soc. Exper. Biol. and Med. 32: 241-245, 1934) using rabbits showed the edema caused by cigarettes using diethylene glycol as hygroscopic agent to be less than that from cigarettes using glycerine. Flinn reports a number of clinical observations. In cases showing congestion of some portion of the mucous membrane of upper respiratory tract as result of smoking glycerine treated cigarettes, on smoking cigarettes containing diethylene glycol, congestion disappeared in 62.3 per cent and considerable improvement noted in other 37.7 per cent. On returning to glycerine treated cigarettes 80 per cent showed a return to the congested condition of the pharynx and larynx. Coughs and irritation of the tongue showed analogous results.

"Summary: The combustion products of glycerine when it is used as a hygroscopic agent in cigarettes will under certain conditions cause an irritation of the throat. The combustion products of diethylene glycol cause only a slight irritation, if any, of the throat. There is some evidence that they may be beneficial where irritation is present."

### PROPOSED AMENDMENT.

NOTE: The following amendment to the Constitution and By-Laws of the Arkansas Medical Society was introduced at the 1935 session. In accordance with constitutional provisions, it is here published for the first time.

Amend Section 6, of Chapter VII, of the By-Laws of the Society, so that it will read as follows:

Section 6. In case of a vacancy in the office of delegate, the House of Delegates shall have authority to seat any member of that county society in attendance at said meeting as delegate, with full right to perform all the duties of that office.

## APPENDICITIS IN CHILDHOOD\*

EUGENE ROSAMOND, M. D.,

Memphis.

Someone has counted more than seventeen hundred articles on appendicitis published in the last two or three years. Even with thirty years' experience as a pediatrician it would take a certain temerity to present such a perennial subject as appendicitis in childhood except for the fact that the mortality rate is rising. In 1900 the rate was 9.7% per 100,000 population. In 1930 it had risen to 15.2%, and Graham says that it has risen 8% for the whole United States in the past five years, and in some states the increase is more than 50%. This seems inconceivable.

Medical education has advanced marvelously. The doctor of today is a better diagnostician than the doctor of 1900. His public knows and fears appendicitis and seeks his aid and counsel early. Hospitals are more numerous and better equipped. Anesthesia is safer. Laboratory aid is more easily obtained. Good roads and the automobile have placed these things at the disposal of the most outlying rural districts. But the mortality rate is rising! Wherein lies the fault?

The surgeon has perhaps led the rest of the profession in progress and in modernity. With improved, modern operative technic, most surgeons feel it is safer and wiser to perform an appendectomy in all doubtful cases, rather than risk the rupture of an acutely inflamed appendix. This is not a lack of conservatism. To the contrary, it is true conservatism, for it is better to remove a bushel of white appendices than to lose a human life through the rupture of a red one. As a matter of fact, in about half of the patients upon whom appendectomies are performed, especially in childhood, the appendix is essentially normal. Yet this should cut down the mortality rate, whereas it is rising.

Of course accuracy in diagnosis of the condition has increased, and death certificates show as appendicitis, conditions classified as other things thirty years ago. Pediatric-minded surgeons, men who handle tissues with gentleness, and what is better, men who refrain from handling tissues, may be rare, and "operators" instead of surgeons of judgment, may add a certain percentage to the mortality rate, as may the casual and careless pediatrician or practitioner

who gives purgatives recklessly. But these things do not explain the increasing mortality rate.

When I was a younger man and had more time to frequent the operating room, there was much argument about the proper time to operate, about Fowler's position, about heat to the abdomen, about stomach lavage and other aids to successful surgery. Then followed an era of no delay and "do it now" surgery. We are again coming back to a realization of the fact that when infection has spread beyond the appendix, another disease has developed, with different clinical signs, different pathology, different dangers, different mortality and indications for different treatment. Surgical trauma is not the treatment of choice for an acute spreading peritonitis which may be the result of appendicitis. Children do not possess the same ability as does the adult, to wall-off and localize an appendiceal abscess, and judicious surgical help must come early.

For several years I have been filled with an increasing desire to protest the waves of appendicitis hysteria that I have seen sweep over a community. Some idle woman has her child's appendix removed and immediately the hospitals are filled with children whose mothers belong to the same social strata and the same gossipy circle. Or we see some pediatrician feeding into the maw of some operator, almost in alphabetical turn, a list of his patients. It is no chance when this type medical salesman have operated on "me and my wife and all my children." I have long wanted to protest against the consulting surgeon who "looks out the window" instead of helping me with careful differentiation; who always gives the stereotyped advice of "let's play safe and operate." I have long wanted to protest the attitude of that part of the public who let us raise a child from infancy and treat him for a hundred "stomachaches" and then some day carry him directly to the surgeon with a ready-made diagnosis of appendicitis. I sometimes wish I had been consulted before the operation. I might know that this child was allergic to milk and was a milk drinker. I might know that he had a lip swollen from urticaria only day before yesterday. I might know this girl had a right-sided pyelitis. I might know that this child had repeated attacks of tonsilitis and abdominal pain with every attack. I might find Koplick spots. I might know that this child was unusually susceptible to upper respiratory infections, and perhaps would not trust a clear X-ray of the chest as conclusive, because of something, intangible per-

\* Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 16, 1935.



haps, that suggested the clinical picture of pneumonia in childhood.

Someone has enumerated over sixty of these extra-peritoneal conditions as a cause of abdominal pain in childhood. I think it is the province and the duty of the pediatric diagnostician to lift from the shoulders of the surgeon and to take the responsibility of those confusing childhood peculiarities with which he is more familiar.

Recently I referred to the surgeon of their choice a ten months' old baby who had been sick twenty hours with all the classical symptoms of appendicitis. There was pain and vomiting, tenderness, rigidity, some fever and a polymorphonucleosis with an increase of immature cells by a Schilling count. X-ray of the chest and all other precautions had been taken and reported. I asked to be present at the operation and urged it at once. The surgeon delayed the operation two and a half hours, placing on the father the additional expense of X-ray and laboratory check, because his attitude was that only a surgeon should be competent to diagnose a purely surgical condition in so young a patient. The appendix could easily have ruptured during the delay. Barbour, at last week's meeting of the Tennessee State Pediatric Society, reported a case of appendicitis which had ruptured in three and a half hours from the time of first symptoms. Egoists like this will never help to lower the mortality rate. Leaning on laboratory aids to this extent is leaning on a broken reed. There is an art to diagnosis beyond the conception of such painstaking piddling and the solution of the rising mortality rate will be solved when the man who does internal medicine learns this art.

We must strive to be better diagnosticians. We must learn all we can about abdominal pain. Unless we know what is not appendicitis in childhood, we can never know appendicitis. Because the mortality in children is unnecessarily high; because in childhood, in spite of care and experience and laboratory aids and intensive study, the picture may be so atypical that the appendix may rupture under the very eyes of the best pediatricians and surgeons; there has grown up a fetish that appendicitis in childhood is to be diagnosed only by the masters. This is not true. The diagnosis is usually easy. The characteristic picture of sudden pain in the abdomen, localizing in the right iliac region, sick stomach and vomiting, tenderness at McBurney's point, rigidity over right abdominal area, fever, and leucocytosis, is the picture usually encountered. Experience in dealing with sick children teaches us that pain originates in the upper abdomen, lo-

calizing usually in twenty-four hours. As long as pain continues the appendix is usually not ruptured. Pain comes before nausea and vomiting. A wave of pain followed by a wave of nausea is considered a pathognomonic sign. But the pain must come first. The point of greatest tenderness is over the base of the appendix wherever it may be located. When this is over McBurney's point it is considered pathognomonic. Rigidity is also diagnostic when present, but muscle guard is, of course, not so good in the weak, immature muscles of childhood. Clifford Sweet finds that rigidity is sometimes intermittent. Flexion of the right leg, cautious movement, and shallow respirations usually are present with rigidity. Fever is not necessarily present and is not trustworthy. Sudden high fever usually means something other than appendicitis. The leucocyte count is so variable as to be an unreliable guide to a positive diagnosis. The relationship of the total to the polymorphonuclear cell count is of help. The Schilling count indicates the presence of inflammation more accurately than older methods.

In children a careful history is especially valuable. Rigidity is not constant and for this reason re-examination is advisable. Frequent re-examination is better. Pain may be elicited by sudden withdrawal of the hand after a deep, steady pressure and this rebound-pain is especially valuable in the soft, pliable, thinly-muscle abdomen of childhood.

By far the most important of all diagnostic efforts is the rectal examination. The gloved finger should be well lubricated with one of the anesthetic ointments. The index finger should be used, because it conveys more information to the palpator. It is introduced slowly, advancing only on inspiration, when resistance is lessened, and is always introduced into the left side first. After a period of motionless rest, the finger is swept around and then passed to the right side. The contrast in resistance and in pain, is informative. In the treacherous pelvic appendix it is the only hope of a correct diagnosis. To Osler goes the credit for saying most of the really good things. This one credited to him: "The difference between a general practitioner and a specialist is—the specialist makes a rectal examination."

Children do not localize pain well, either in the abdomen or elsewhere. Fear of the doctor may make a child deny or exaggerate the presence of pain or tenderness.

The sedimentation of the red cells is more rapid than normal due to decreased viscosity of the plasma. The Schilling differential count is  
(Continued on Page 43.)

## PRESIDENT'S PAGE

### THE VALUE OF THE MEDICAL SOCIETY.

Those of us who have been in the active practice of medicine for a number of years are appreciating more and more the value of the Medical Society, a value not only to the practitioner but to his clientele as well. I can no better express to you my thoughts than to quote Sir William Osler: "The Society acts as a professional cement between the older and the younger men. It fosters that old-fashioned courtesy which makes a man shrink from wounding the feelings of a fellow practitioner. It is the confounded tales of patients that so often set us by the ears, but if a man makes it a rule never to believe under any circumstances a story told by a patient to the detriment of a fellow-practitioner, he will have the satisfaction of knowing that he has closed the ears of his soul to ninety-nine lies, and to have missed the hundredth truth will not hurt him. Most of the quarrels of doctors are about non-essential, miserable trifles and annoyances, the pin pricks of practice, but the good fellowship and friendly intercourse of the medical society should reduce these to a minimum. The medical society enables a man to obtain his intellectual rating; to learn his professional assets and liabilities. Doctors don't take stock often enough. We carry on our shelves stale, out-of-date goods. The society helps to keep a man up to the times; to refurnish his shop with the latest wares. It keeps his mind open and receptive, and counteracts the tendency to premature senility, which is apt to overtake one who lives in a routine.

"A clinical evening devoted to the rarer affections is of very great help in diffusing valuable knowledge. These teach the difficult art of observation and, what for some is equally difficult, the art of recording an observation in brief and plain language. Isolation from the general body of the profession is suicidal in the long run, for it terminates in intellectual stagnation. Some doctors, successful from a money standpoint, practice with a clinical slovenliness that makes it difficult for kind Dame Nature to cover their mistakes. The Medical Society gives encouragement for the day's work and for a betterment of mind and methods. Finally, it lays the foundation of unanimity and friendship so essential to the dignity and usefulness of the profession."

The foregoing quotation will give you some idea of what the county society may accomplish and of how extremely important your jobs are. We are living in trying, changing times. There is a disposition in some quarters to focus attention upon the thousands who need medical and dental care and who are not getting it, with the implication that somehow the medical profession is responsible for the dilemma. The term "high cost of medical care" connotes to the average layman big fees for the doctors. However, the Rosenwald fund graphically points out that of the three and one-half billions spent annually for sickness, physicians in private practice receive only 29.8 per cent. The fact is, as stated by Pottenger, "the general economic system is still in the stage of plagues and miasmas," and we doctors are inextricably intertwined with it.

We hear a great deal about the "New Deal." "What is it?" writes a friend. "Is it a new yardstick by which to measure the extent to which the government, federal and state, may regulate private industry? Is it a new definition of the due process of law? Is it state socialism? Is it a method by which the federal government seeks to usurp the powers of the forty-eight sovereign states? Is it a form of fascism?" He is asking himself and us these questions. He does not know the answer; neither do we. It is a time, however, of new interpretation of the law in the light of confronting conditions; a time of experimentation with untried methods. It is your duty to inform yourselves and the societies which you represent concerning the merits and demerits of State Medicine, Sickness and Accident Insurance, Unemployment Insurance, Old Age Pensions and Group Care, which are a few of the many plans that have been suggested to insure adequate medical service to those who cannot pay for it readily out of their earnings. The large foundations, Julius Rosenwald, Milbank, The Century, are using their influence and resources to impress the medical profession with the desirability of embarking upon some sort of collective scheme, with a view primarily, as I see it, to benefit the patient. They are taking advantage of the depleted state of many doctors' pocketbooks to inveigle them into sponsoring some sort of arrangement whereby they may slave for a pitance. If you approve of their plan you are, according to them, a "progressive doctor;" where-



as, if you demur, you are a "recalcitrant." They may be right; time will tell.

In the meantime, while, like men, codes may come and codes may go, the code of medical conduct enunciated by Hippocrates will never change. Says Squier, "No other profession, science or industry has ever been organized upon a code of conduct. However now, in the effort to revive our failing economic system, codifying every branch of human endeavor has become a national pursuit, but the medical code need not be altered, for it was not reared on competitive gain. The moral debacles which have occurred in industry, public utilities, banking and so on, have not taken place in medical practice, and will never take place so long as physicians follow the precepts of the Hippocratic Code." Preach that to your societies. The profession has always numbered among its membership a large proportion of the "altruistic asses" of the community. Never has it refused to alleviate suffering because a man could not pay. Each year it devotes half of its time to charity, and the big foundations stand by and look on. Of course, there is no justice in an economic set-up that allows this burden to be borne by one class, even if, thus far, out of the kindness of their hearts, doctors have submitted to the imposition. Philanthropy, contrary to general belief, pays but 5 per cent of the national medical bill. Let the foundations endow the hospitals without dictating their policy so that no bed need be vacant, so that staff doctors may not be obliged to devote half their working hours to charity. Again, let the state, through a system of taxation, raise enough money with which to pay physicians a decent living wage for the care of its indigent sick. Medical Economics for March, 1934, expresses my sentiment with regard to medical charity perfectly in these words: "The responsibility for medical charity rests properly with the philanthropic agencies and with our municipal, state and federal governments, not with the doctors." If, like Dr. Jelliffe, one enjoys being an "incorrigible optimist," otherwise known as a "sap," there is abundant opportunity in medicine to gratify that taste. But long before sixty it is time to realize that all give and no take "butters no parsnips."

Ours is a calling, not a business. It matters not to us in what honorable and just way money is secured to finance the sickness of those whose incomes do not enable them to meet the emergency. What does matter to us is that we be paid a reasonable compensation for our knowl-

edge, time and effort. We do not desire, and I think, have no intention of being regimented into anything that savors of lodge practice. "The laborer is worthy of his hire." The dignity and usefulness of the profession will suffer irreparably if any scheme prevails whereby doctors are hired by politicians for a stipulated sum to minister unto the whims and caprices of a circumscribed group. Initiative and progress will be killed, and the last state of the people worse than the first.

We doctors deplore the hardships occasioned by technological unemployment. We regret sincerely that the combined annual earnings of 50 per cent of all families is less than two thousand dollars; we, too, are victims of a world wide depression, but as a profession we are not to blame for the situation, and, moreover, as a group we have done and still are doing as much to mitigate its evils as any other group. From the beginning the profession has stood resolutely between the people and panaceas, cure-alls and health-schemes in general. In every move that we have championed in the past for the people, we have met with bitter opposition from the people. Still, we are for them. There never was a time when intelligent, thorough-going medical organization was needed more than at present. This must begin in the County Society. Therefore enroll every eligible, respectable doctor. Point out to him the educational and political advantages of active membership. Adapt your meetings to the season and arrange attractive, instructive programs, engaging, so far as possible, men from your own State Society as speakers. Finally, select your delegates and councilors with care, having in mind always and solely their interest in, and fitness for the duties they are to perform, and then support them. In union there is strength. "If we don't hang together, we will hang separately."

M. E. McCASKILL, M. D.

### SUMMER DIARRHEA IN BABIES.

Casac (calcium caseinate), which is almost wholly a combination of protein and calcium, offers a quickly effective method of treating all types of diarrhea, both in bottle-fed and breast-fed infants. For the former, the carbohydrate is temporarily omitted from the 24-hour formula and replaced with 8 level tablespoonfuls of Casac. Within a day or two the diarrhea will usually be arrested, and carbohydrate in the form of Dextri-Maltose may safely be added to the formula and the Casac gradually eliminated. Three to six teaspoonfuls of a thin paste of Casac and water, given before each nursing, is well indicated for loose stools in breast-fed babies. Please send for samples to Mead Johnson & Company, Evansville, Indiana.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor

610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules  
of the Council on Pharmacy and Chemistry of the American  
Medical Association.

All communications to this Journal must be made to it exclu-  
sively. Communications and items of general interest to the pro-  
fession are invited from all over the State. Notice of deaths,  
removals from the State, changes of location, etc., are requested.

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### EDITORIAL

#### AN ARKANSAS EDUCATOR SPEAKS ON STATE MEDICINE.

"It is good also not to try experiments in states, except  
the necessity is urgent, or the utility evident; and well to  
beware that it be the reformation that draweth on the  
change, and not the desire of change that pretendeth the  
reformation." On Innovations, Francis Bacon.

The disillusionments of the past five years leave  
us singularly unresponsive to the pronouncements  
of any economist, yet press reports of the re-  
marks of a professor of the University of Arkan-  
sas in a recent address move us to reply. The  
professor is quoted as saying that results of ex-  
periences as well as experiments generally have  
shown that social medicine "works" and further,  
that it is difficult to find any argument against  
placing medical service on the same basis as pub-  
lic education.

Therein The Journal wishes to take issue with  
the professor. We submit that any comparison  
between public education and socialized medical-  
care is far-fetched. The public is much more  
competent to judge the education which it re-  
quires than it is to pass opinion upon the medical  
care which it needs. An educated citizenship is  
essential to good government. Because of its  
universal character it is fair that the principal

cost of furnishing the facilities for such education  
should be borne by the entire community. Yet  
compulsory education is generally confined to  
the lower grades where there is standardization  
of subjects. Every child receives very much the  
same training. There is no universality in the  
need for medical service, nor does the need fall  
upon all individuals at the same time and place.  
Medical service is essential to the operation of a  
democracy only at exceptional intervals. Spe-  
cialized education is never compulsory, never the  
subject of mass treatment, yet it is the only indi-  
vidual application of education which resembles  
medical treatment.

We wonder if the speaker is aware that there  
is a decided absence of agreement between edu-  
cators as to the success of education under lay  
control? Possibly he is aware that the movement  
to replace these lay boards and trustees with pro-  
fessionally qualified persons shows continued  
growth in progressive centers of this country? Medical men are of the opinion that the medical  
profession is best fitted by training and experi-  
ence to determine the character and type of  
medical service which is needed for a given com-  
munity. Lay control of medical practice, call it  
state medicine if you will, merely brings the same  
indictment of defects and abuses which now be-  
set public education into effect on the system of  
medical care for the American people. The  
statement that "all is not right" with public edu-  
cation in this country is frequently met with the  
counter-charge from school authorities that their  
"hands are tied" by their boards. Is there any  
valid reason why dominance of such boards might  
not seriously impair the effectiveness of medical  
service as well?

We believe this statement essentially correct:  
"that wherever there has been interference with  
freedom of teaching, or exaggeration of educa-  
tion for commercial purposes, it is generally held  
to be due to such lay influence."<sup>1</sup> Has the profes-  
sor heard of political controversies over the state  
educational department of Arkansas? Has news  
of text-book intrigues reached the university  
class room? Are professors familiar with the  
current agitation over compulsory Bible-reading  
in the public schools?

We do not deny the fact that it is at least  
possible to carry out education en masse, al-  
though we may entertain personal reservations  
as to the satisfactory operation of the system.  
On the contrary, however, we do insist that med-  
ical care must be individual. Medical service

<sup>1</sup> Detroit Medical News, April 1, 1935.



differs with every individual and, indeed, with nearly every illness in the same individual. Attempts to standardize medical service, to place it under the control of lay or governmentally-controlled bodies, have invariably resulted in a deterioration of the quality of the service, the professor's statement notwithstanding.

Arguments as to experience and experiments elsewhere can be met with convincing rebuttal but space does not permit. Suffice to say, the records of the British Health Insurance Plan, so often mentioned as the model, show that in 1933-34 there was spent \$2.00 per person annually for medical care, and \$1.33 1/3 for administrative costs. In Germany there are 2,000 more administrators than physicians in the system. Does this argue for great merit in these systems? We wonder if the professor can draw any illuminating comparisons between the meager fees of British physicians and the salaries of American school teachers, both working under governmental and lay control and subject to political whims and conflicts?

We would also direct the attention of well-meaning economists and educators to the statement of William C. Bagley, President, The National Council of Education, which appears in Survey-Graphic for May, 1935, "In view of the apparent devotion of the American people to the cause of popular education, it is almost unbelievable that, until very recently, the United States ranked lowest among civilized nations in the attention given to the selection and education of the teachers upon whose character, culture and efficiency the value of this mammoth enterprise so clearly depends." Would the professor hazard the opinion that medical care, guided by lay boards similar to those which now direct the educational destinies of our nation, would continue at the present level of efficiency, would see no lowering of the prescribed standards of qualification, would present the same spirit of sacrifice that now typifies the physician, and would remain true to the high ideals of a noble profession? Finally, would the professor be willing to accept as his personal physician the choice of a politically-minded board of control?

NOTE: The foregoing editorial is based upon the press reports of a public address and was originally written for the June issue. In justice to the speaker, the press clipping was submitted for comment with the statement that it would be the subject of editorial comment in these columns. In reply he stated: " \* \* \* I feel sure I did not make any such sweeping statements as the paper indicates. \* \* \* I have never thought that public medicine would be on the same basis as public education. There would have to be many modifications if an attempt were made to follow educational developments." In view of this comment, the editorial has been changed to avoid identification of the professor. The press is of the opinion that the quotations are correct. A number of his auditors have expressed the same opinion. Correct or incorrect, the statement received considerable publicity and The Journal, therefore, undertakes to reply.

## HIGH SCHOOLS AND COLLEGES TO DEBATE SOCIALIZED MEDICINE.

The Journal's plea that the individual physician thoroughly study all phases of socialized medicine and that he avail himself of every opportunity to make known his opinions among his patients and friends is now augmented by the announcement of the National University Extension Association Debate League's decision on the subject for debate by the high schools and colleges of the country during the coming year. The question, which will be debated by over 10,000 high school and colleges in every state is: "Resolved: That the several states should enact legislation providing for a system of complete medical service available to all citizens at public expense." A consideration of this subject involves the problem of socialized medicine in its entirety. The medical profession is afforded a wonderful opportunity for the presentation of its viewpoint on state medicine to lay audiences through the medium of enthusiastic speakers. Physicians and the various county medical societies are urged to make preparations to answer the questions of these students and to have ready material from which the negative side of the question may derive support for their argument. Two such requests have already reached the office of the state secretary. Full co-operation is promised the individual physician and the county societies who desire to place this information in the hands of debating teams, but we earnestly plead that the local physician who is consulted can do the most for the cause of organized medicine by entering wholeheartedly into the plans for the debate. His interest will stimulate the speakers. He can furnish material of definite value. It is his opinion that will be most valued in the community. The Journal again appeals to the membership of this Society that they inform themselves on these problems and, in particular, that they take advantage of this occasion to make known the opposition of the physician to all schemes for state medicine. It is definitely up to You!

## EDITORIAL COMMENT

The membership generally seems to favor the inclusion of the Personals and News Items section of The Journal. We feel that these items are of general interest to the membership. The great difficulty is experienced in finding the news. Many items are not printed; others are carried in newspapers of more or less limited circulation; others escape the attention of the editor. The Journal asks for the co-operation of

county society secretaries and the entire membership with contributions in order that happenings over the state may be fully covered.

According to our information the newly-enacted barbituric acid law imposes no restrictions upon the physician. The law merely provides that such preparations are to be sold only upon prescription. These prescriptions may not be refilled. There has been increasing use of the drug in its various compounds by the public, who have discovered its effective sedative and hypnotic qualities. Such general use has naturally led to indiscriminate use and even actual harm. To curb these practices is the aim of the present law, enacted with the support of the druggists of Arkansas. Some compounds included under the provisions of this act are: Barbital, Veronal, Amytal, Ipral, Dial-Ciba, Neonol, Notsal, Phanol, Phenolbarbital, Luminal, Ortal-Sodium, Medinal, all listed in New and Non-Official Remedies. Among the non-accepted preparations are: Pernoston, Nembutal, Benzeto, Neuronidia, and others.

During June the following pamphlets published by the Bureau of Medical Economics of the American Medical Association were distributed to the members of the Society:

"Sickness Insurance Not the Remedy," "A Critical Analysis of Sickness Insurance," and "Handbook of Sickness Insurance, State Medicine and the Costs of Medical Care." This action was recommended by the special session of the House of Delegates and is an additional step in the process of fully advising the organized medical profession of the evils attendant upon a change in the form of medical practice whereby there will be governmental or lay control. Thanks are due to county society secretaries and other members who assisted in the personal distribution of these pamphlets in their respective communities. Each member of the Arkansas Medical Society is urged to carefully study these booklets and to preserve them. Inform yourself, then inform others!

#### FOUND.

The Secretary has a Wahl Oxford fountain pen cap which was found during the Fort Smith meeting.

New hospitals recently opened are: The Estelle Hospital, Heber Springs, operated by J. T. Matthews, and the Nashville Hospital, Nashville, operated by N. I. Stebbins.

## PROCEEDINGS OF SOCIETIES

The Lawrence County Medical Society met with H. B. Hull at Mammoth Spring May 14th for the following program: "The Acute Surgical Abdomen," W. P. Lutterloh, Jonesboro, and "Health Insurance, Welfare Work, and Their Relation to the Medical Profession," J. C. Land, Walnut Ridge.

CHAS. D. TIBBELS, Secretary.

The Southeast Arkansas Medical Society met at the McGehee-Burge cabin on Lake Chicot for a fish dinner May 27th. The following program was presented: "Control of Acute Infectious Disease with the Latest Vaccines and Serums," Bryce Cummins, Little Rock; "Diet in General Practice," Jerome S. Levy, Little Rock; "Happenings of the State Medical Society," S. W. Douglas, Eudora; and "The Latest Medical Jokes," W. H. G. Hemly, Lake Providence, La.

The Mississippi County Medical Society met at Wilson June 4th with the following Memphis physicians appearing on the scientific program: Whitman Rowland, "Angina Pectoris," and Tom Mitchell, "Diarrheas."

F. D. SMITH, Secretary.

The Sebastian County Medical Society met June 11th for the following program: "Dysmenorrhea," S. J. Wolfermann, and "The Occiput-Posterior Position," J. W. Amis.

Members of the Ouachita County Medical Society furnished the program at the banquet session of the Union County Medical Society in El Dorado on June 4th. The speakers were: R. B. Robins, C. S. Early and J. B. Jamison, of Camden.

The Ninth Councilor District Medical Society met at Mountain Home June 4th for the following program: "Infections of the Hand," Wallis Smith, Springfield, Missouri; "Uterine Hemorrhage," M. E. McCaskill, Little Rock; "Why Sickness Insurance Will Not Work," W. R. Brooksher, Fort Smith; "Cataract Surgery in India," Souter Smith, Springfield, Missouri; "The Treatment of Heart Disease," S. C. Fulmer, Little Rock, and "Heart Diseases," F. B. Camp, Springfield, Missouri. Officers elected were: D. L. Owens, Harrison, President; A. L. Carter, Berryville, First Vice-president; Loyd Jackson, Harrison, Second Vice-president, and J. H. Fowler, Harrison, Secretary-treasurer. The Society will next meet at Harrison on December 3rd.



The Tri-County Medical Society met at Hope May 31st for the following program: "Obstetrical Surgery," J. T. Altman, Jonesboro; "Vincents Angina," H. J. Lile, and "Gastric Ulcer," G. E. Cannon, Hope.

C. A. Bates, Lake City, was host to the Craighead-Poinsett County Medical Society at a dinner on June 6th. Drs. W. C. Overstreet and R. M. Sloan, Jonesboro, were the speakers on the program.

The St. Francis County Medical Society met with the physicians of Hughes as hosts on May 17th for a fish dinner. The scientific program was as follows: E. C. Mitchell, Memphis, "Diarrhea in Children," and Otis B. Warr, Memphis, "Diseases of the Heart." The Society will next meet with Dr. C. V. Powell at Round Pond.

J. O. RUSH, Secretary.

## PERSONALS AND NEWS ITEMS

J. M. Kolb has been elected President of the Clarksville Lions Club.

C. H. Lutterloh, Hot Springs National Park, attended the recent meeting of the American College of Physicians in Philadelphia.

MARRIED—On May 18th at Mulberry, Dr. J. A. Wigley and Mrs. Lillian Beneux. Congratulations!

C. H. Reagan, Marked Tree, is the new district governor for District 7-A of Lions Clubs.

F. J. Scully, Hot Springs National Park, has been elected Grand Generalissimo of the Grand Commandery of Arkansas, Knights Templar.

R. L. Fraser has been elected a director of the McCrory Rotary Club.

"Interesting Cases from a Doctor's Practice," by D. E. White, El Dorado, appears in the May Tri-State Journal.

Cecil Riggall, Prairie Grove, is taking a three months' post-graduate course under the Fellowship of Medicine and Post-graduate Medical Association, of London.

At the reorganization meeting of the Arkansas Association of Elks, L. J. Kosminsky, Texarkana, was elected President, and L. R. Ellis, Hot Springs National Park, Trustee.

"Hemolytic Jaundice" by Geo. V. Lewis, Little Rock, appeared in the June Southern Medical Journal.

M. J. Kilbury has been appointed Director of the State Hospital laboratory.

N. C. Hodge has been elected exalted ruler of the Marianna Elks Lodge.

BORN—On May 21st to Dr. and Mrs. F. G. Engler, Mountainburg, a son, Frank Gus, Jr. Congratulations!

Val Parmley addressed the Seventh District of the Arkansas Pharmaceutical Association May 17th on co-operation in enforcement of the barbituric acid law.

L. C. Aday recently addressed the student bodies of Ouachita College, Hendrix College, and the College of the Ozarks on "The Destruction of Human Life."

The Physicians Business and Credit Rating Bureau of Jonesboro met in banquet session May 24th with Albert Foote, of the Jonesboro Credit Corporation, making the principal address.

MARRIED—On May 29th, W. H. Poynor, of Harrison, and Miss Nell Swafford, of Bergman. Mrs. Poynor has been county health nurse in Boone county for the past two years. Congratulations!

Frank Vinsonhaler, a graduate of Columbia University, class of 1885, received the university's distinguished alumni medal June 4th at the commencement exercises held in New York. The citation accompanying the medal read: "a distinguished ophthalmologist \* \* \* and loyal and devoted alumnus of this university."

M. J. Kilbury, Little Rock, attended the Pathological Seminar conducted by Dr. Ewing in New York City and the session of the American Society of Clinical Pathologists and the American Medical Association in Atlantic City during June.

D. C. Lee, director of the Chas. Steinberg Clinic, Hot Springs National Park, asks that announcement be made of the clinical conference to be held at the Leo N. Levi Memorial Hospital during October. This promises to be the most interesting meeting yet held. Further announcement will be made in The Journal.

N. I. Stebbins has moved from Eureka Springs to Nashville where he will operate a hospital.

Geo. K. Sims has moved from Harrison to Bolivar, Missouri.

Dr. and Mrs. J. S. Hopkins, Nashville, and Dr. and Mrs. R. L. Hopkins, DeQueen, took an extended tour of western cities in June.

Arkansas physicians registered at the American Medical Association meeting in Atlantic City, June 10th to 14th were: W. R. Brooksher, Fort Smith; P. L. Day, Little Rock; Ruth Ellis, Fayetteville; D. W. Goldstein, Fort Smith; W. B. Grayson, Little Rock; Gordon Hastings, Little Rock; A. H. Hathcock, Fayetteville; L. J. Kosminsky, Texarkana; W. C. Langston, Little Rock; M. F. Lautman, Hot Springs National Park; E. C. McMullen, Pine Bluff; Virgil Payne, Pine Bluff; W. D. Smith, Texarkana, and A. G. Sullivan, Hot Springs National Park.

P. L. Day and W. C. Langston of the University of Arkansas School of Medicine presented a scientific exhibit at the recent meeting of the American Medical Association on "Leukopenia, Anemia and Associated Manifestations of Vitamin Deficiency in the Monkey."

## APPENDICITIS IN CHILDHOOD

(Continued from Page 36.)

more valuable than older methods. The number of polymorphonuclear cells is more important than the total count.

An enumeration and discussion of the conditions which might be confused with appendicitis in childhood would be endless, yet these are things we must know. The mortality rate is rising. Its reduction depends on many complex factors. Some of these are intangible. An idealistic formula would be: education of the masses, education of the intelligentsia, diagnostic art, surgical judgment, team work.

In England the mortality rate has been reduced by early operation. We have no other immediate solution. Unless we can prove the condition is something else, we must refer all doubtful cases of abdominal pain in children to the surgeon for operation. A white appendix, removed, causes only chagrin. A red appendix, not removed, may cause the death of a beloved child. In the meanwhile we must individually develop the art of diagnosis and must patronize the man with known surgical judgment.

## YOUR PHYSICIAN

By FLORENCE FISHER PARRY

Nothing can take his place—not priest nor minister nor all the clinics that science can provide.

There is a rapport and confidence between him and his patient which has been known to accomplish Miracles, and restore to the breasts of mothers babies about to die, and to the arms of lovers, beloved turned back from Death.

For there's something about the very presence of the Family Doctor that casts out fear, melts apprehension, breaks down suspense, performs the simple miracle of Faith.

We know how hard the life is that he's chosen. We know that he's abused, imposed upon, worn; that his days are not his own, and his nights are snatched and torn. And, we wonder, where are his rewards? What compensation is his? Oh, I think he is greatly repaid; greatly to be envied. His rewards are kingly prizes. The prize of WELCOME. That's a great reward. To have one's presence a blessing. To know that the mere SIGHT of you brings heart's ease; stirs the wan pulse, brightens the fading eye.

The prize of CONQUEST. All men like that. Winning against odds. To stay a fever; energize a pulse; throw breastworks against the advance of disease. Here, indeed, are paths of Glory that do not lead to the grave but AWAY from it. I cannot think of greater conquest.

The prize of CONFIDENCE. That's a proud possession. Some priests know it; some ministers; and Friends, if they're time tried. But the Family Doctor is the final confessional, a refuge not only for repentant hearts, but sick and craven hearts as well.

The prize of HUMAN WISDOM—that deep knowledge that comes from being continually exposed to the pitiful frailties of mankind. You do not deceive the Family Doctor; you do not attempt to. But knowing you, he is still compassionate; for he has learned to expect little of greatness in his fellow man.

Above all, I think I envy him his prize of SELFLESSNESS. He is FREE, for he has already given up his life, so has nothing left to fetter him.

There is much talk of state control of medicine; and legislation dips its partial fingers into the sterile waters of our doctors, seeking to arbitrate over their mission of mercy. I Dare Say there are certain restricted fields of medicine in whose confines the legislative hand could work productively. But the ineffable value of the HUMAN TOUCH in medicine is something that transcends all legislation.

What legislation indeed, what politics, what state control or organized social program, can hope to substitute that HUMAN BOND that exists between the FAMILY DOCTOR and his patient?

From Florence Fisher Parry's column, "I Dare Say," written after seeing Petrolagar's exhibit, "The Doctor," and reproduced by courtesy of the Pittsburgh Press. Petrolagar Laboratories, Inc., Chicago.



## WOMAN'S AUXILIARY PAGE

MRS. D. W. GOLDSTEIN  
Publicity Secretary, Fort Smith

The Woman's Auxiliary to the Pulaski County Medical Society met May 15th at the home of Mrs. H. A. Higgins, with Mrs. P. Murphy, Mrs. J. A. McCormack, Mrs. H. F. H. Jones and Mrs. O. Gray, assistant hostesses. A resume of the year's work reported was: The assembling of 204 obstetrical kits for the Junior League Welfare work; \$32.00 to the Student Loan Fund; 10 subscriptions of Hygeia to rural schools, one to the Woman's City Club and one to the public library; A. M. A. literature to the Red Cross Study Group and social welfare classes; display booths of A. M. A. literature at the State Teachers Association and the City Federation Club meeting. Following the installation of officers, Mrs. B. A. Rhinehart, newly elected president, conducted a general discussion for the coming year.

A most enjoyable and clever spring party was the "Five and Ten Cent Store" party given by Dr. and Mrs. C. S. Holt and Dr. and Mrs. F. H. Krock for the members of the Sebastian County Medical Society and their wives. Guests were invited to the Holt home for the first part of the evening and to the Krock home for supper at 11 o'clock. Cleverly designed decorations were used. On arrival, the guests, who were dressed in costumes adorned with five and ten finery, were presented with favors from novelty store. Games and contests provided entertainment.

Those present were Mrs. J. C. Amis, Dr. C. B. Billingsley, Dr. and Mrs. W. R. Brooksher, Dr. J. H. Buckley, Dr. and Mrs. C. S. Bungart, Dr. and Mrs. H. C. Dorsey, Mrs. St. Cloud Cooper, Dr. and Mrs. Walter Eberle, Dr. and Mrs. James A. Foltz, Dr. and Mrs. M. E. Foster, Dr. and Mrs. D. W. Goldstein, Dr. and Mrs. Arthur F. Hoge, Dr. and Mrs. Hugh Johnson, Dr. and Mrs. E. C. Moulton, Dr. and Mrs. Pierre Redman, Dr. and Mrs. W. F. Rose, Dr. and Mrs. H. H. Smith, Dr. and Mrs. R. T. Smith, Dr. and Mrs. J. S. Southard, Dr. and Mrs. Eugene Stevenson, Dr. and Mrs. S. P. Stubbs, Dr. and Mrs. S. J. Wolf-ermann, Dr. and Mrs. B. B. Bruce, Alma; Dr. and Mrs. Ware, Greenwood; Mrs. A. S. Chapman, Dr. J. C. Ogden and Dr. and Mrs. Peter D. Yankoff.

The April meeting of the Woman's Auxiliary to the Independence County Medical Society was a dinner meeting at the Batesville Country Club. Mrs. William Hibbitts, Texarkana, State Auxiliary President, was an honor guest.

The March meeting of the Woman's Auxiliary to the Washington County Medical Society was held at the United States Veterans' Hospital, after which Auxiliary members joined the Medical Society to view a film, "Insulin in the Treatment of Diabetes," presented by hospital authorities. A special project of the Auxiliary has been the making of all kinds of supplies for the City Hospital at Fayetteville.

The regular meeting of the Woman's Auxiliary to the Bowie and Miller Medical Societies took place April 24th



Mrs. Marcus T. Smith, Conway, eleventh president of the Woman's Auxiliary to the Arkansas Medical Society, has been an active member of the organization for ten years, holding various local and state offices.

Mrs. Smith, a descendant of well known pioneer families of Virginia and Maryland, was born in southern Indiana and came, when a small child, to Arkansas with her parents. She was educated in the public and Normal schools of the state and taught in the public schools of Arkansas and Florida.

Mrs. Smith enjoys her home and family and is also an enthusiastic club woman. She is well known over the state as a leader in church, civic and patriotic circles.

at the home of Mrs. L. J. Kosminsky, with Mrs. A. W. Roberts, Mrs. J. T. Robinson and Mrs. E. A. Hawley as assistant hostesses. Mrs. Decker Smith directed the business session which heard reports of the state convention at Fort Smith, given by Mrs. William Hibbitts, Mrs. L. J. Kosminsky and Mrs. P. H. Phillips of Ashdown. Essays received in the recent contest carried in the Arkansas and Texas Junior high schools under the sponsorship of the Medical Auxiliary were read. Claire Cargile was announced winner in the Arkansas group, and Virginia Henson winner in the Texas junior high. A cash award will be given in this endeavor. Mrs. Albert Mann gave an interesting paper on "Jane Todd Crawford."

Mrs. Pierre Redman formally assumed leadership of the auxiliary to the Sebastian County Medical Society May 13th at a combination social and business meeting at the home of the outgoing president, Mrs. Eugene Stevenson. Installed with the president were Mrs. H. C. Dorsey, secretary, and Mrs. B. B. Bruce, Alma, treasurer. Mrs. Stevenson automatically becomes vice-president of the auxiliary. Preceding the installation ceremonies, Mrs. Stevenson conducted a business session at which Mrs. W. R. Brooksher, Jr., chairman of the recent state convention of the auxiliary, gave her final report. Twenty members were present.

Committees for 1935-1936, announced by the new president, are: Program, Mrs. D. W. Goldstein, Mrs. J. S. Southard, Mrs. M. E. Foster; Membership, Mrs. Eugene Stevenson, Mrs. A. S. Chapman, Mrs. Hugh Johnson; Hygeia, Mrs. S. J. Wolfermann, Mrs. B. Wayne Freer, Mrs. Everett Moulton; Telephone, Mrs. S. P. Stubbs, Mrs. J. C. Amis; Courtesy, Mrs. F. H. Krock, Mrs. Charles S. Holt, Mrs. Raymond Smith; Public Relations, Mrs. W. R. Brooksher, Jr., Mrs. A. F. Hoge, Mrs. H. H. Smith; Ways and Means, Mrs. C. S. Bungart, Mrs. I. F. Jones, Mrs. A. A. Blair, Mrs. Walter Eberle; Publicity, Mrs. W. F. Rose. A social hour followed the business session and afterwards the auxiliary suspended meetings for the summer.

We sincerely regret that the following message was received too late to be read to the Auxiliary members attending the Arkansas Medical meeting in Fort Smith, April 15-16-17:

Atlanta, Georgia, April 15, 1935.

Members of the Arkansas Auxiliary:

Only necessity prevents a personal visit. I ask you to consider this brief message and to accept my friendliest greetings. May we meet in Atlantic City in June and in St. Louis in November!

A remark of Emerson has always fascinated me: "We do not count a man's years until he has nothing else to count." It is appropriate in reference to the Auxiliary. Have you just grown one year older or have you grown? Your state reports show growth. How much of this is your individual responsibility: In the answer is the extent of your progress.

All plans and objectives are bound by the response of members. Our work does not depend just on what we do within our Auxiliary, but what we do among other organizations. Therefore, an informed member may be invaluable in her community. If she is uninformed about Auxiliary objectives, she is hindering her work; she is adding time only and not growth. In my double capacity as third vice-president of the A. M. A. Auxiliary and president of the Southern Auxiliary, I beseech you to study the pamphlets on "What an Auxiliary Member Should Know" and "How She May Assist." Use them for yourself and to introduce the Auxiliary to eligible women. We safely say, informed members will be loyal ones, and their knowledge will be the motor to make them active.

Select the Auxiliary work which appeals especially to you. Perhaps, after a year or two, you will wish to diversify work and join a different committee. Because the Medical Arts and Sciences are constantly advancing and because public opinions and projects shift, there are always fresh interests and information.

Your officers and chairmen, by their knowledge, caution, work, leadership, make your way easier and smoother. Briefly, they give you not only the menu, but the food and directions for use. Do you use these to make your Auxiliary grow and flourish? What shall time answer?

MRS. JOHN BONAR WHITE.

## BOOK REVIEWS

**Sculpture in the Living.** By Jacques W. Maliniak, M. D., Attending Plastic and Reconstructive Surgeon, Sydenham Hospital, New York City. Pp. 203. Price \$3.00. New York: The Lancet Press, 1934.

The author discusses the various types of plastic surgery in an interesting manner primarily for the benefit of the general practitioner. Patients with conditions amenable to plastic surgery frequently develop neuroses far more handicapping than their physical defect, largely because the opportunity for rehabilitation is overlooked by the family physician.

**Diseases of the Skin.** By Richard L. Sutton, M. D., Sc. D., LL. D., F. R. S. (Edin.), Prof. Dermatology, University of Kansas School of Medicine, and Richard L. Sutton, Jr., A. M., M. D., L. R. C. P. (Edin.), Assistant in Dermatology, University of Kansas School of Medicine. 9th Edition. Pp. 1390. 1310 illustrations. 11 colored plates. Price \$12.50. Saint Louis: C. V. Mosby Company, 1935.

The ninth edition of this book is more exhaustive than previous editions. There are a number of diseases and conditions appearing for the first time, which have been fully described by Richard L. Sutton, Jr., who appears as co-author.

Doctor Sutton has supplied new references, also new photographs. The chapter on syphilis goes into detail and will be found helpful to the general practitioner. The clinical descriptions are complete and the differential diagnosis is given careful attention. For two decades the book has been an outstanding work on dermatology.

**Clinical Laboratory Methods and Diagnosis.** By R. B. H. Gradwohl, M. D., Director of the Gradwohl Laboratories, Director of Laboratories, St. Louis County Hospital, etc. Pp. 1028. 328 illustrations with 24 color plates. Price \$8.50. Saint Louis: C. V. Mosby Company, 1935.

This book contains 1028 pages consisting of 18 chapters covering all phases of laboratory procedures. Accepted procedures are given in detail with an interpretation of results. The chapter on Hematology has been stressed because it is believed that this is one of the most important phases of laboratory work. A chapter on Post-Mortem Technic is also included. This book is well written and profusely illustrated, thus making it an excellent volume not only for the technician and medical student but for the practicing physician.

**A Textbook of Biochemistry:** Edited by Benjamin Harrow, Ph. D., Associate Professor of Chemistry, The City College, College of the City of New York, and Carl P. Sherwin, M. D., Sc. D., Dr. P. H., LL. D., Member of the Staff of St. Vincent's Hospital and French Hospital, New York City. 797 pages with 52 illustrations. Philadelphia and London: W. B. Saunders Company, 1935. Cloth, \$6.00 net.

This book is composed of thirty chapters each of which are written by specialists in their respective fields of biochemistry. This volume does not go into sufficient detail, however references are given at the end of each chapter from which detailed information may be obtained. Three chapters are included pertaining to the cell, immunochemistry and the chemistry of bacteria. These are excellent additions which are not usually found in textbooks of biochemistry.



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OF THE

## ARKANSAS MEDICAL SOCIETY, 1935

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# THE JOURNAL

## of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXII

FORT SMITH, ARKANSAS, AUGUST, 1935

No. 3

### FRACTURES INVOLVING THE ELBOW JOINT\*

VAL PARMLEY, M. D., F. A. C. S.,  
Little Rock.

In considering fractures involving the elbow the treatment must be directed with a view to re-establishing or maintaining the carrying angle of the arm as much as possible. Next in importance is the arc center of flexion and extension. If one will remember that the elbow more nearly approaches the true hinge than any other joint in the body it will aid him immensely in the treatment of fractures in this region. Nature is often very kind to us in the treatment of these frequently complicated injuries, but nevertheless a mechanical re-establishment of the joint is almost imperative if we expect to get a normally functioning elbow out of what Cotton often refers to as "a mess."

Fractures involving the elbow include all of the various types of supra-condylar and diacondylar, whether they involve the articular surface or not, fractures of the olecranon, the coronoid and the upper third of the shaft of the ulna, and all fractures of the head as well as those of the upper third of the radius.

The mechanics of these injuries are produced, usually from one of three sources; namely, extreme sudden forced hyperextension of the elbow, by falls striking the olecranon and by direct violence to any point about the elbow. Falling backward with the palm of the hand so placed as to prevent the fall as much as possible is occasionally the cause of a supra-condylar fracture or fracture of the olecranon. In man, as in all other animals whose humerus accounts for half or more than half the length of the entire arm, the elbow is an exceedingly fragile joint, whereas in other animals, quadrupeds who walk upon their toes, the elbow is well protected by the trunk and rarely used in full extension. In quadrupeds also the humerus is much shorter and stronger than in man and therefore offers considerably less opportunity for injury. However,

the fragility of the bony structure is compensated by the marvelous ligamentous structure. Moreover, the various extensor and flexor tendons frequently prevent bone injury from direct violence.

In effect the elbow joint is composed of two separate joints. A main hinge-like joint between the humerus and the head of the radius and the great sigmoid of the ulna below; and a smaller joint between the border of the head of the radius and the lesser sigmoid of the ulna, which permits rotation of the head of the radius in the obicular ligament. There are two distinct arcs in the hinge-like movement of the elbow, one for the greater sigmoid of the ulna and one for the head of the radius. Normally the center of these arcs is identical. This explains why T- or Y-fractures of the lower end of the humerus often destroy the carrying angle and limit extension and flexion. In other words, the reduction is not complete as long as the arcs are in eccentric.

#### Fractures of the Lower End of the Humerus.

These comprise the following types of fractures and epiphyseal separation:

1. Supra-condylar fracture.
2. Transverse diacondylar fracture.
3. Fracture of a single condyle.
4. Intercondyloid or T-fracture.
5. Fracture of an epicondyle.
6. Separation of an epiphysis.

#### Supra-condylar Fractures.

This injury is common in children and is usually produced by a fall on the out-stretched hand with the elbow hyperextended. The olecranon is locked in its fossa and leverage is exerted on the lower end of the humerus. The line of fracture does not usually enter the joint. Almost invariably the lower fragment is displaced backward because of the action of the original fracturing force and the effect of the strong pull of the triceps.

The deformity in the usual supra-condylar fracture is characteristic, though it can be confused with the posterior dislocation of the elbow. However, the entire elbow is displaced

\* Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 16, 1935.



backward in the case of fracture, whereas in the case of dislocation it is the olecranon alone whose position is changed.

#### **Transverse Diacondylar Fracture.**

This injury resembles the preceding one so closely that it is often very hard to distinguish between them without X-ray study. In diacondylar fractures, however, the fracture line passes through the condyles instead of above them. The fact that it always directly involves the articular surfaces of the joint makes it sufficiently important to deserve special mention. Healing of this fracture will be more likely to limit the normal range of flexion and extension because of callus formation encroaching upon the coronoid or olecranon fossae or both. The mechanism is usually a fall on the extensor surface of the forearm.

#### **Fracture of a Single Condyle.**

The lateral condyle is fractured singly much more frequently than the mesial condyle. The mechanics vary but are usually either a fall on the out-stretched arm, in which the radius is driven upward against the capitellum, or a direct blow from a fall on the outer portion of the elbow. Fractures of the mesial condyle may result from a fall on the flexed elbow, the force being transmitted to the humerus by the ulna. In both types of injury the fracture line usually begins in the trochlea and then passes obliquely upward to either the outer or inner side, depending upon which condyle receives the force. The affected condyle is usually displaced upward and forward. Unless properly reduced the joint axis is completely changed and consequent impairment of function and change in the carrying angle results. The deformity produced is a complete change in the joint axis. The carrying angle is completely gone and the position of the epicondyle on the affected side is altered in relationship to its fellow and the tip of the olecranon. This is also true in fractures of an epicondyle but in the latter case it is often possible to move the bony prominence and recognize by palpation the extent of the injury.

#### **Intercondyloid, "T" or "Y" Fracture.**

This is essentially an adult injury and is of infrequent occurrence in comparison with other fractures of the lower end of the humerus. It may be produced by a fall on the point of the elbow, the ulna being driven upward into the trochlea, as a wedge, or it may occur secondarily as a result of the splintering effect of the shaft upon the condyle. Often it is accompanied by con-

siderable comminution. This injury is most serious and threatens complete loss of function of the elbow joint.

#### **Separation of an Epiphysis.**

In epiphyseal separation it may be possible to palpate the displaced portion of the cartilage as a rounded prominence lying to the outer side of the olecranon on the posterior surface of the elbow. If this is masked by swelling the diagnosis then chiefly depends upon clinical findings suggestive of severe injury such as marked tenderness and limitation of motion. X-rays usually show little evidence of damage. It is important to remember in this connection that the bony center for the capitellar epiphysis lies in a forward position, so that the line of the anterior surface of the shaft of the humerus, if projected downward, normally bisects it. If this relationship is not remembered it is easy to overlook slight posterior displacement.

#### **Treatment.**

The general principles of treatment of fractures of the lower end of the humerus are essentially the same. The fractures produce probably a greater percentage of disabilities than any other of the common fractures, in spite of the fact that they occur most frequently in children, in which class of patients best results are to be expected.

As pointed out by Smith, Thomas and Jones the treatment should be based on anatomic and physiological principles. The structures about the elbow must be utilized as aids in securing and maintaining alignment. Joint function must be preserved by early movement and in the position whence the greatest usefulness will result if complete recovery is not obtained. The plan of treatment comprises three separate steps. First, the reduction of the deformity; second, immobilization with the elbow in the position of acute flexion, and; third, early inauguration of partial active movements of the elbow.

No attempt should be made to reduce any type of fracture of the lower end of the humerus, or for that matter about the elbow, except the patient is under full ether anesthesia. The elbow should be placed in complete extension, manipulation of the fragments into position and then complete flexion to maintain them in proper position, is the procedure to follow in the instance of practically all fractures in the lower end of the humerus. In the instance of fractures of the epicondyle the joint is usually not disturbed.

It is important to observe three points in de-

termining, at the time of reduction, whether complete replacement has or has not been obtained. First, the arm should be compared with the uninjured side, particularly with reference to the carrying angle, when the elbow is extended. Second, the limitation of motion, if any, when the elbow is completely flexed; and, third, in the latter position the radial pulse should be palpated to determine if there is compression of the brachial artery.

In accomplishing immobilization one should guard against placing a roll of gauze or any bulky material in the bend of the elbow. Three or four layers of gauze is all that is necessary to prevent skin irritation.

The reasons for immobilization in complete flexion are as follows: First, it splints the bones and holds them in a reduced position better than any other method, using the broad tendon of the triceps stretched taut across the elbow behind as a natural splint. Second, it places the elbow in the position whence function is most quickly and easily recovered. Third, it places the arm in the position of optimum function if joint stiffness or limitation of motion should result.

Various methods of holding the elbow in the flexed position are available and the choice may be made of them according to the type of fracture and to what extent complete immobilization is desired. In all cases it is desirable to compress the elbow to prevent swelling. However, the method of encircling the arm and forearm with a cuff of adhesive plaster is to be condemned because of resulting circulatory interference and congestion at the elbow. The simple method of bandaging the elbow and the forearm to the arm with a sling around the neck to support the wrist and hand is all that is necessary in most cases. In some of the more severe types, when absolute immobilization is desired, a posterior molded plaster splint extending from the fingers to the shoulder may be applied over proper padding. After the application of the dressing, tests should be made for circulatory disturbances. My rule is to see the patient within a few hours following the dressing to make certain of this point. At the end of three or four days the dressing should be opened and the skin over the front of the elbow inspected and powdered. If blebs are present they should be punctured and covered with sterile gauze.

Of importance fully equal to that of the immediate treatment is the matter of after treatment; when to begin and how. Too long immobilization permits the reparative processes in the region of

the injury to bind down in scar tissue the joint capsule and neighboring muscles and tendons. On the other hand, too early or too vigorous motion strains the callus, detaches the periosteum and small bony fragments, and leads, by constant irritation, either to over-growth of callus or the formation of bony masses in the muscles. In children I usually remove the dressing at the end of the first week and give the child a few degrees of passive motion for several minutes, repeating this procedure every three or four days. At the end of the third week the dressing is removed and the child is allowed to produce active motion in the joint for a few minutes. This is repeated every third or fourth day for from one to two weeks when the dressing is removed and active motion is insisted upon, though the mother is instructed to keep the arm in a sling while the child is playing with other children. A little later the mother is instructed to have the child carry a small bucket of sand and, as often as possible, adding a little more sand each day until extension is complete.

In adults the procedure is somewhat different. The dressing is opened to observe if maceration of the skin is present at the end of the third or fourth day, but immobilization is not released until the beginning of the third week when the same procedure as used with the child is begun and carried out.

#### Fractures of the Head of the Radius.

This injury occurs almost entirely in adults, is usually the result of severe trauma, and is frequently associated with other fractures of the elbow. It may result from the force applied to the hand and transmitted upward, the elbow being slightly flexed. In this mechanism the radius is thrust against the capitellum resulting in the splintering of the head. Occasionally it results from direct violence. The neck of the radius may be fractured and the head dislocated forward or there may be impaction without displacement. Occasionally small fragments may be chipped from the head without accompanying fracture of the neck. However, the usual thing is to find comminution of the head associated with fracture of the neck with considerable displacement of the fragments. It is occasionally associated with dislocation at the elbow.

From the standpoint of treatment these cases must be divided into two classes; those with displacement and those without displacement. The latter class presents no special problem. The elbow should be flexed acutely, the forearm supinated, anesthesia being unnecessary. Immo-



bilization by means of the hyperflexed bandage is probably the best method to employ. Light passive movements should be begun early and use should be encouraged at the end of from two to three weeks.

Fracture with displacement is of a great deal more concern to the surgeon. If the displacement is not great the above described method probably offers the best solution. With extensive comminution of the head also the closed method is probably best. However, any wandering fragments should be removed at an early date because of extensive callus formation and bone development which, if allowed to take place, will certainly result in impairment of motion. If there is a marked displacement then excision of the radial head through an incision directly over the posterior aspect is indicated.

#### **Fracture of the Coronoid Process.**

This injury rarely occurs alone and is almost commonly associated with posterior dislocation of the elbow since the coronoid process constitutes a check to posterior displacement of the ulna. The tendon of the brachialis anticus muscle is inserted into the coronoid process. Therefore considerable displacement upward may be expected when the elbow is extended. The treatment depends upon acute flexion and thorough immobilization. In these instances movement should not be allowed for a period of from three to four weeks.

#### **Fracture of the Olecranon.**

This injury may occur at any age but is most common in adults. Occasionally it is compounded because of direct violence to the elbow, as often occurs in falls on hard surfaces striking the elbow first. More frequently it is the result of a combination of muscular action and indirect violence, as in the case of a fall on the out-stretched but semi-flexed arm. The effect of the blow thus produced causes flexion of the elbow against muscular resistance and the olecranon, being the weak point, gives way.

Usually the fracture line is transverse and penetrates directly into the greater sigmoid cavity. Comminution is very rare. There is effusion of the elbow joint and usually a large soft swelling of the seat of injury.

Many methods have been attempted to obviate open reduction with the elbow in complete extension. Usually these methods fail and unless good approximation can be obtained open reduction is indicated. In compound fractures it is always indicated since the dangers of an open

reduction already exist. If approximation is not accomplished a soft fibrous type of union will form, thus lengthening the olecranon and interfering with proper function.

If the patient is young and healthy and the time element is important it is better to do an open reduction early in order that the patient may return to his work as soon as possible. Immobilization is best accomplished in the extended position by the use of an enveloping plaster cast extending from the arm-pit to the fingers.

Volkman's ischaemic contracture is probably the most common disability arising from these fractures. Involvement of the ulnar or median nerve, of course, will produce paralysis. Often a disability results in the loss of the carrying angle. Limitation of motion and complete ankylosis may result from excessive new bone formation or immobilization for a too long period of time.

#### **DISCUSSION.**

W. V. NEWMAN, Little Rock: Dr. Parmley's excellent paper on fractures about the elbow brings to mind a few points concerning these fractures which I would like to emphasize. Immediate examination of the part for nerve and blood vessel damage is of great importance, not only from a diagnostic standpoint but as a guide to treatment, and that one may inform the patient that such damage has occurred thereby stalking any ideas they might have for a malpractice suit at a future date. Early immediate reduction, if possible, before swelling has advanced, is necessary if the best results are to be obtained. Concerning the Jones position or acute flexion of the elbow, I have not found it necessary to use such acute flexion as demonstrated in the slide, to maintain position of the fragments. About 110 degrees flexion has been sufficient. Early motion is imperative, and two weeks' time, with but few exceptions, should be the maximum limit before motion is started. At first, assistive active motion, has been my method of choice followed within a week or two by strictly active motion. I prefer active motion because if the patient is allowed to carry out the motion there is less likelihood that the position of the fragments will be disturbed and secondly ten times as much benefit is obtained by active as by passive motion.

ROBERT A. MILLIKEN, Little Rock: Dr. Parmley touched on one complication of elbow fractures that I feel needs elaboration, Volkman's contracture. That this is not a rare complication is shown by the fact that I have had four cases to deal with in the last three months. Volkman's contracture is a hyperaemia (rather than an anemia) caused by the fact that the tight antecubital fascia acts as a tourniquet under the influence of hemorrhage and edema to the extent of allowing arterial inflow and impending venous outflow. If this is allowed to continue more than a few hours a fibrous degeneration of the striped muscle fiber of the flexor muscles takes place with the familiar shortening, loss of elasticity and claw-hand deformity resulting. It was the older idea that Volkman's contracture necessarily resulted from carelessness in the application of tight bandages or splintage and, while it is a healthy attitude for us to suspect that

complications are the result of our own actions, injustice has often been done by this philosophy. I have seen Volkmann's contracture develop in a case which, because of more serious complications, was allowed to rest in bed with the elbow completely untreated. I do not wish to go into the treatment of this condition because it is too much a matter of technical detail for a brief discussion, but I would like to record my belief that Volkmann's contracture can be prevented in any suspicious case by bold incision of the antecubital fascia. No case in which I have performed this manoeuvre has developed Volkmann's contracture.

VAL PARMLEY, in closing:

I thank the gentlemen for their very generous discussion of my paper. The points brought out in the discussions were so well covered that very little is left for me to say.

The discussions seem to center about the complications of Volkmann's contracture and nerve injuries. These complications are not common by any manner of means, something less than two per cent of all fractures involving the elbow joint.

Dr. Milliken gave us a very clear picture of Volkmann's contracture in his brief discussion and I thoroughly agree with him in the method he described as a possible prevention of this serious complication.

Dr. Newman laid particular stress on the amount of flexion in which to immobilize the reduced fracture. One can rarely ever get more than from 110 to 120 degrees acute flexion in these injuries because of the excessive swelling that usually accompanies them. By acute flexion, of course, is meant any amount of flexion beyond a right angle or 90 degrees. Certainly acute flexion should not be forced. I agree with the doctor thoroughly.

I thank the Society and the Program Committee for affording me the opportunity of presenting this paper.

### INDICATIONS FOR ENTEROSTOMY.

Thomas G. Orr, Kansas City, Kan. (Journal A. M. A., Oct. 21, 1933), gives the following indications for enterostomy: (1) for acute intestinal obstruction as a preliminary operation, (2) as an adjunct to exploration and release of simple intestinal obstruction, (3) as an adjunct to resection of the intestine for volvulus or other strangulation, (4) after operative relief of intussusception, (5) for obstruction due to lower abdominal peritonitis and (6) for postoperative obstruction. High jejunostomy may be adequately replaced by an indwelling tube in the stomach or duodenum through which may be aspirated the stomach and regurgitated upper intestinal content. In properly selected cases, an enterostomy is a valuable operation and may be life saving. It must neither be considered to be a court of last appeal nor be expected to bring back to life the moribund. There is a danger in too much dependence on enterostomy to the exclusion of more logical treatment. Enterostomy cannot be successful if the intestine is paralyzed. Enterostomy is indicated to drain a distended intestine of gas and liquid to prevent overdistention and not primarily to drain off the toxic material within the intestine to prevent absorption. Absorption of toxins from an obstructed intestine does not begin until the circulation of the intestinal wall is impaired, after which enterostomy is usually unsuccessful.

## GOITER, A PREVENTABLE DISEASE. A SHORT REVIEW OF ITS MEDICAL AND SURGICAL ASPECTS\*

E. M. HOLDER, M. D.,

Memphis, Tennessee.

It is not my intention, at this time, to offer anything especially new, or that is original with me, but rather to present a recapitulation of what others have done along this line, selecting and combining their principles and procedures, which seem to me most rational and scientific, and which I have found from experience to be most successful in the treatment of goiter.

Endemic goiter in America presents a very large and very important problem.

Ten years have elapsed since Plummer of the Mayo Clinic made his notable contribution to medical science, and during this time the treatment of toxic goiter has been almost revolutionized. Plummer was the first in this country to advocate the use of iodine in large amounts to control severe hyperthyroidism. Since the advent of this measure in 1924, surgery of the thyroid has undergone tremendous changes. Plummer in April, 1926, made this statement, "Ligation of the thyroid arteries, with all the attending suffering, morbidity, and expense has been almost abandoned." Jackson, in his book published in July, 1926, states, "The use of iodine has obviated the necessity for ligation in fully ninety-eight per cent of the cases of exophthalmic goiter, and it is entirely probable that, in time, this operation will become obsolete."

The majority of goiters may be put in one of three classes: simple or adolescent, adenomatous and exophthalmic.

Instead of separating goiters into the three classes, simple or adolescent, adenomatous and exophthalmic, clarity is achieved by considering them as a variation, or continuation of the same process. Hence, all goiters may well be considered as stages or variations of a single thyroid disease. It is only by viewing the disease of the thyroid gland as a continuous process, that the therapeutic indications become clear and it is realized that anatomic changes can not be relieved by internal medication. It is only in the early stages that a complete cure by medication is possible. It is the age of the goiter that counts, not the age of the patient. The essayist's object in discussing this subject today is to

\* Read before the First Councilor District Medical Society, Jonesboro, Arkansas, May 3, 1934.



stress the great humanitarian value of iodine as a preventive of goiter and not as a cure.

The goiter of the simple or adolescent type, usually disappears, even without treatment, before the age of twenty. If it persists after the age of twenty-five, no permanent diminution in size may be hoped for and iodine therapy will be of no avail.

Goiter occurs in both men and animals. Horses, cattle, sheep, dogs and other animals have it. It is often hereditary, and many children are born goiterous.

Quoting from Skinner, "It was only a few years ago that ranchers in Okanogan county, discovered that they were unable to raise either goats or pigs, because one hundred per cent of their offsprings were born with goiters. The pigs were hairless and all died." This problem has been solved since, very satisfactorily, by the State Health Department, with the result that goiter among animals in that county has been completely eradicated. Since it is a fact that many children are born with goiters, it is surely of great importance to take under particular consideration congenital goiter, its extent, its underlying cause, and the possibility of its eradication. The statement of Crile, "that eight per cent of all fetal adenomas become malignant, adds to their importance. It seems justifiable to conclude that the giving of some form of iodine in small doses to goiterous women during the greater part of the gestation period, may completely eradicate congenital goiter."

Quoting from Kimball of Cleveland, "There are certain periods in the life of an individual when the functional demands on the thyroid are increased; notably, during fetal life, at puberty, during pregnancy and at the menopause. The increased demand results in a relative iodine deficiency. Pathologic conditions, such as long febrile diseases, malnutrition or chronic infections, by increasing the demands on the thyroid, may create an even greater iodine deficiency."

There are six theories current to account for the occurrence of endemic goiter:

1. Fecal contamination of water.
2. Radio activity of water.
3. Salts dissolved in drinking water.
4. General diet.
5. Geological formation.
6. Iodine deficiency in diet and water.

Generally speaking, goiter is due to a deficiency of iodine in food, water and air, and

while it can generally be successfully and safely treated surgically, it should be prevented in childhood by the administration of iodine in small quantities to children, twice a year. In goiterous regions, it has been possible to prevent the development of goiter by giving to school children small doses of sodium iodide for periods of two weeks in the spring and autumn over a period of three or four years (Marine and Kendall, 1920). In Switzerland, incidence of goiter was reduced in this way from eighty-seven to thirteen per cent in four years.

Simple goiter is the response of the healthy thyroid to iodine deficiency; such goiters may be safely treated with iodine in children. In children an adjustment to the increased intake of iodine is readily made, but in adults long accustomed to low intake, excess often causes a too great hormone production, with toxic symptoms, hence the minimum dose alone is permissible in adults.

Actual chemical analyses of water in certain sections of the lower Mississippi Valley have shown an iodine content 10,000 to 18,000 times the amount contained in water in the Lake Superior districts. Conversely there is practically no endemic goiter in the same districts of the lower Mississippi, while sixty-four per cent of the school children in the Lake Superior districts were goiterous in 1924. In the last few years, prevention of goiter has been taken up as a state health problem by New York, West Virginia, Ohio, Michigan, Utah, Oregon and Washington, and more recently in many other states. From this study it is apparent that the incidence of goiter in any country is inversely proportional to the iodine content of the water supply.

Judging by the literature on this subject, it seems to be universally accepted now, that there is no possibility of producing the disease in children by the use of iodine in amounts sufficient to prevent goiters.

Simple or adolescent goiters are not surgical, except in rare instances, and almost invariably respond to iodine treatment.

Adenomatous goiters develop early in life, but do not become toxic until a considerable period of years has elapsed.

Adenomatous goiters in people past thirty are surgical even if toxic symptoms have not appeared.

All adenomatous goiters at any age, which have developed hyperthyroidism are surgical if

the degenerative changes in the vital organs will permit.

Hyperthyroidism, whether adenomatous or exophthalmic in type, is a surgical disease, and operation must be early if permanent damage is to be prevented.

Basal metabolic rate determination must be frequently made in the exophthalmic cases, and in so doing the greatest aid to safety is utilized.

Operate, if possible, on a descending metabolic rate, and not during an ascending rate.

Iodine therapy in the pre-operative and post-operative care of goiter, the latter often covering a period of months, is vitally essential.

A word remains to be said with regard to the management of the dreaded crises of "thyroid storms." The onset of this condition is sometimes foretold by nausea, vomiting, diarrhea, extreme excitability, increased rapidity of pulse and respiration, a rising temperature, and a rising metabolic rate. Often, a "thyroid storm" follows immediately upon operation. Its management requires ice to control the temperature, morphine in large and repeated doses to calm the patient, the persistent administration of fluids by mouth and rectum, and glucose solution intravenously. Lugol's solution must be given in large doses, 50-100 minims within a few hours by mouth, or by rectum or a proportionate dosage of a suitable preparation may be given intravenously in glucose solution.

So far as their tendency to destroy life is concerned, goiters, particularly the adenomatous and exophthalmic types, should be compared with malignant tumors. It is as important to recognize the impending danger in its incipiency in goiter as it is to recognize this in cancer. The fact that the development of goiters may require generations, whereas cancers require months or years, does not alter the gravity of the problem. Medical treatment during all, except the early stages of goiter, and as a prophylactic measure, is as deadly as medical treatment for cancer. The analogy is not apparent, because the goiterous process is more insidious, and kills without revealing the error of inadequate treatment. Patients living in this region, who thirty years ago had innocent goiters, have nearly all died of cardiac failure.

Surgeons were not convinced by the apparent safety with which Marine and Lenhart used iodine in physiologic amounts in hyperthyroidism, so they continued to teach that iodine should not

be given in any case of hyperthyroidism, except as a prophylactic measure or in emergency cases, and always very cautiously to any adult with an adenomatous goiter, for fear of starting hyperthyroidism. Many even attempted to restrict their patients to an iodine free diet. Plummer was the first to advocate the use of iodine in large amounts to control severe hyperthyroidism, but only for the emergency cases, and only during the emergency.

Iodine, in some form, has been used for thousands of years in the treatment and prevention of goiter. The Chinese used burned sponges, and the Greeks used boiled sea shells and sea weeds. It was not, however, until 1920, that iodine was recognized as a positive specific in the prevention of goiter, or as a cure, generally, of adolescent or colloidal goiter.

It is said that the prevalence of toxic goiter may be partly due to the prescribing of iodine in therapeutic doses for common ailments.

Because of the fact that iodine has proven very beneficial in some types of goiter, much promiscuous prescribing has been practiced, and as a result much damage has been done, and many cases of iodine hyperthyroidism have been produced. This condition, clinically, has been called "iodine Basedow's disease." On the other hand, iodine given intelligently, prevents crises, which formerly resisted all known therapeutic measures. Patients, who formerly lost fifty pounds in a few weeks, through diarrhea and vomiting, and those, who often failed to survive a crisis, are now saved temporarily by iodine. Under iodine medication, a severe crisis will usually subside within forty-eight to seventy-two hours, later to be operated on in the quiescent stage.

Inasmuch as most toxic adenomatous goiters manifest themselves at the average age of forty-two, a good rule would be, as they can not be cured by iodine anyway, not to give iodine to goiter patients routinely after twenty-five. From two to six per cent of goiters undergo malignant degeneration, and about half of these occur in toxic goiters. These would practically all be saved by early operation.

In the April, 1934, copy of the American Medical Journal, an interesting article appears on hyperthyroidism by Albright, Aub and Bauer. Quoting, "We now know that many body changes are the result of hyperthyroidism associated with parathyroid tumors. In the bones, cysts occur. In the urinary tract, increased excretion of calcium and phosphorous occur, not



infrequently leading to the formation of urinary calculi. The blood, due to a replacement of much of the marrow cavity with fibrous tissue—an occasional case of anemia and leukemia occur. All of these findings are new and important. Even a condition simulating Padgett's disease is now charged to hyperthyroidism. So we don't know today what may yet be attributed to hyperthyroidism."

Crile has said, "In hyperthyroidism, the thyroid gland is the druggist, an extraordinary druggist, a tireless druggist, who day and night is manufacturing and turning into the circulation the exciting hormone." He further said, "Taking into account the slight primary risk, and the promising immediate and remote results of operation, we now consider in the case of hyperthyroidism, as in that of appendicitis, that the indication for operation, is the diagnosis."

Relative to the treatment by X-ray, I do not see any particular advantage in attempting to use X-ray therapy. Its beneficial results are questionable when you have at your disposal a surgical procedure, which is recognized to be the "treatment par excellence" for goiter, and in view of the fact that now the toxic goiters can be gotten in such relatively good condition by the pre-operative use of iodine, that the operation usually carries with it little more hazard than that of the simple adenoma or any other major surgical condition, it is unquestionably, therefore, best to operate.

Our routine practice now is to put the patient to bed, give iodine, in the form of Lugol's solution (ten drops three times a day), and to observe the progress of the disease by the basal metabolic rate, lowering of pulse rate and general quieting effect on the nervous system. As a rule, we find that by this procedure we are able to operate safely on the tenth day. Occasionally we find it better to wait until the fourteenth day, but very seldom longer. Luminal is also given in 1½ grain doses, to quiet the nervous system. Lugol's solution is also given after the operation.

In conclusion:

1. Goiter can be prevented by the administration of three grains of sodium iodide, daily, to school children for a week or ten days during the autumn and spring.

2. Iodine administered to a goiterous patient during gestation prevents congenital goiter in the offspring.

3. The colloidal goiter of adolescence can usually be cured by iodine.

4. Iodine does not have the same beneficial results in colloidal goiter in adults as it does in children, possibly because the gland may have become mixed with adenomatous tumors by the time adult life is reached.

5. As a preparation for operation, the basal metabolic rate may be greatly reduced and the patient wonderfully improved in from seven to fourteen days, by iodine.

6. Lugol's solution, up to 100 minims a day, will usually control the crises of goiter.

7. Iodine should not be given to adenomatous goiter cases in middle age, lest hyperthyroidism be induced.

8. The operative mortality has been reduced to about three per cent.

### A NEW AUXILIARY TREATMENT FOR IMPETIGO CONTAGIOSA.

Lester Hollander, M. D., and Joseph J. Hecht, M. D.,  
Pittsburg. *American Journal of Diseases of Children*,  
Vol. 48, No. 2, August, 1934, Pages 269-271.

The contagious and auto-inoculable character of pyogenic infections of the skin causes a great deal of inconvenience, especially in school children, who are excluded from the class-room when a diagnosis of pyogenic infection is made.

The most important of the group of pyogenic infections is impetigo contagiosa, which is caused by the invasion of the upper strata of the skin by streptococci or staphylococci.

The control of the spread of the infection has been very difficult because the use of occlusive dressings or no dressing is conducive to the dissemination of the infection. We have found an occlusive antiseptic dressing, metaphen 1:500 in flexible collodion, which is very satisfactory.

After the skin around the lesion has been thoroughly washed with soap and dried, the lesion is painted with several layers of the metaphen-collodion mixture. In twenty-four hours the easily removable layers are removed with a tissue forceps. The mixture is reapplied over the adherent layers. On the third day the procedure is repeated. All the metaphen-collodion mixture with the underlying encrustation is removed on the fourth day. If the underlying skin is dry, it is anointed lightly with 2% ammoniated mercury; if it is still moist, the metaphen in collodion treatment is repeated for three days.

We have found metaphen 1:500 in collodion so satisfactory that we present it as an auxiliary treatment for impetigo contagiosa, eczema, and infectious aczematoid dermatitis.

People wouldn't let any of us stay here long if they could swop us off as they do preachers and ball players.  
—Fountain Inn (S. C.) Tribune.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor

610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

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## EDITORIAL

### THE ATLANTIC CITY SESSION OF THE AMERICAN MEDICAL ASSOCIATION

Meeting in joint scientific session with the Canadian Medical Association, the 86th annual session of the American Medical Association broke all attendance records, 8,469 physicians registering, more than have ever attended any medical convention.

Approximately 350 papers were read in the scientific sessions, a considerable number of these being contributions of Canadian colleagues. Over 200 exhibits demonstrated advances in medical science, 15 of the special sections collaborating in this exhibit. The commercial exhibit was larger than usual, affording a wonderful opportunity to view and examine the products of firms supplying medical needs.

In all its actions the House of Delegates emphasized the unanimity of the medical profession in its opposition to socialized tendencies in medical practice. The special report of the Bureau of Medical Economics, analyzing the numerous plans for medical service now in effect over the country, giving the advantages and disadvantages of each, was presented in accordance with the request of the special session of the House of Delegates in February, 1935. This report will shortly be furnished each member of the Arkansas Medical Society. The Association reiterated its stand opposing national and state legislation which would impose a general plan of sickness insurance on the people of the United States, declaring that the "responsibility for carrying out a public health program is the duty of organized medicine, the only group qualified by training and experience to administer such a service so as to fully safeguard the public interest."

Official endorsement was given the principle of voluntary health insurance for the provision of medical care to all classes of people, provided such plans were worked out with consideration of local conditions and the basic principles for such service adopted at the Cleveland session in 1934. All such community plans must operate under the supervision of organized medicine with the cooperation of local agencies.

Six state societies, among them Arkansas, presented resolutions on birth control. The Arkansas resolution was introduced to the Sixtieth Annual Session in Fort Smith by the Committee on Public Relations and adopted April 15, 1935. The resolution adopted declares that "under the



stimulus of large non-medical groups the general use of contraceptives is being advocated and encouraged despite the existing law. Under the present situation, the ultimate effect of these measures is unknown, if not questionable, and should accurately and extensively be studied by the medical profession in whose care the health of the people rests." The Board of Trustees is empowered by this resolution to appoint a special committee to study the entire subject from a medical standpoint, reporting at a later date. This dictum is, therefore, neither a declaration for nor against birth control; it merely provides for a study of the many factors involved.

A second resolution introduced by the Arkansas Medical Society providing for the additional requirement that physicians listed as specialists in pathology and radiology by the Council on Medical Education and Hospitals of the American Medical Association, shall be members of their respective county and state societies, was adopted to be effective with graduates of and from 1930.

It was revealed that a searching investigation of medical schools was in progress which may require much reorganization on the part of several schools if they are to retain Class "A" rank.

Of especial satisfaction was the assurance given that the future activities of a large surgical society would be confined to affairs of a scientific character.

A complete report of the proceedings of the House of Delegates appears in the Journal of the American Medical Association of June 22nd and subsequently.

L. J. KOSMINSKY,  
W. R. BROOKSHER.

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#### MEMBERSHIP.

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At this writing there are 943 physicians in good standing in the Arkansas Medical Society as compared with our 1934 membership of 1,034. However, there are 164 physicians, members in 1934, whose 1935 dues have not been received. With the co-operation of these physicians, the Society can easily exceed its 1934 record. Letters have been sent each of these delinquent members and their respective county society secretaries asking for prompt payment of 1935 dues. We hope for

a favorable reply during the month from the greater majority.

The threats of socialized and state medicine have been effectively combated to date solely by the aggressive, organized action of the American Medical Association and the constituent state societies. It is imperative that the medical profession continue to present an united front during these days of economic and social unrest. A strong, militant organization is needed more than ever before. Such an organization must comprise all properly qualified physicians of Arkansas. Continued efforts must be made to enroll all eligible physicians in our Society.

Are all eligible physicians in your community members in good standing of your county medical society? If not, a mutual advantage exists in the opportunity provided for inducing them to join.

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#### EDITORIAL COMMENT

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The selection of Kansas City for the 1936 meeting of the American Medical Association affords Arkansas physicians the best opportunity they have had of attending the national meeting since the Saint Louis session of 1922. Kansas City's record for entertainment of medical meetings promises a session of education, inspiration and enjoyment. The meeting will be held during May and for this reason the dates of the Sixty-first Annual Session of the Arkansas Medical Society to be held in Hot Springs National Park have been set for April 13, 14 and 15, 1936.

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#### OBITUARY

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JOHN G. LOVE, aged 56 years, died at his home in Hartman July 14th after an illness of several weeks. Dr. Love was born near Hartman February 21, 1879, and had practiced in Hartman for 32 years. A member of the Johnson County Medical Society and a staff member of the Johnson County Hospital at Clarksville, Dr. Love was also affiliated with the Methodist Church and a member of Masonic bodies. He is survived by his wife, three brothers and two sisters.

## PROCEEDINGS OF SOCIETIES

The Southeast Arkansas Medical Society met in dinner session at Dermott June 17th for the following program: "Pain in the Sciatic Region," Geo. B. Fletcher, Hot Springs National Park; "Five Years Report on Treatment of Neurosyphilis and the Methods of Giving Such Treatment," L. G. Martin, Hot Springs National Park; and "Fractures of the Femur," John Snelling, Monroe, Louisiana. The Society will next meet July 15th at Monticello in joint dinner session with the auxiliary.

A. M. GIBBS, Reporter.

The Lawrence County Medical Society met with E. J. Cruse and Chas. D. Tibbels at Black Rock June 11th. The following program was presented: "Jelk's Operation for Rectal Stricture," John L. Jelks, Memphis; "Infected Sinuses in Children and Adults," J. Harley Harris, Memphis; and "Focal Infection of Tonsils," Dr. McClure, Paragould.

The Fort Smith Clinical Society held its thirteenth meeting June 27th with morning operative and dry clinics at St. Edwards Mercy Hospital. Members participating were: M. E. Foster, A. F. Hoge, S. P. Stubbs, W. R. Brooksher, L. M. Henry, Pierre Redman and D. W. Goldstein. Noon-day luncheon speakers were: J. W. Amis, H. C. Dorsey, E. C. Moulton, H. H. Smith, T. P. Foltz and C. S. Means. The afternoon program was presented by W. G. Eberle, "A Study of the More Recent Observations Regarding Etiology and Treatment of Eclampsia;" R. L. Sutton, Jr., Kansas City, "Skin Cancer;" and Alton Ochsner, New Orleans, "Complications of Appendicitis." The evening public session was addressed by Msgr. P. F. Horan, Fort Smith, "An Appreciation of Modern Medicine," and R. L. Sutton, Jr., "An Arctic Safari with Camera and Rifle in the Land of the Midnight Sun."

The Lonoke County Medical Society met June 12th with Drs. S. F. Hoge and S. C. Fulmer, Little Rock, presenting the program.

The Lawrence County Medical Society and the Woman's Auxiliary were entertained at Hardy, July 9th, by Dr. and Mrs. William Johnston and Dr. and Mrs. Gean Atkinson. The speakers on the scientific program were Dr. H. K. Turley of Memphis, Tenn., and Lieutenant McIntyre, Surgeon at Hardy CCC Camp. Clinical cases were presented by Drs. Johnston and Atkinson. The

auxiliary had as its guest Mrs. Marcus T. Smith of Conway, president of the state Auxiliary, who gave an interesting address. Following the meeting the physicians and their wives made an inspection tour of the hospital and buildings of the newly opened CCC Camp. Dinner was served in the American Legion Hut.

What is adequate medical care? As far as I know that question has never been answered or at least not to the satisfaction of some of us, although the Committee on the Costs of Medical Care published one volume on the subject.

If we are able to arrive at an answer, the next question is: How much more medical care is needed? At the present time there is absolutely no way in which you can get a fairly complete picture of the amount of morbidity which needs to be cared for by the medical profession in the United States and until you have answered these two questions, you cannot answer the question as to how many physicians are needed to take care of that morbidity.

—R. G. Leland, M. D., Director, Bureau of Medical Economics, American Medical Association.

## EXPERIENCES WITH GONOCOCCUS FILTRATE (CORBUS-FERRY) AND OTHER FORMS OF INTRADERMAL THERAPY IN TREATMENT OF GONORRHEA.

Gonococcus filtrate (Corbus-Ferry) intradermally is the only antigen of the several that Robert E. Cumming and Robert A. Burhans, Detroit (Journal A. M. A., Jan. 19, 1935), have used that seem to offer a specific aid in the treatment of gonorrheal infection and complications. No attempt has been made to explain the rationale of intradermal medication or to establish the part played by the skin in body immunity. They demonstrate that the filtrate can be used alone in the treatment of gonorrhea. It is their impression that gonococcus filtrate is most serviceable as an adjunct to mild local treatment. The filtrate is indicated in acute and chronic gonorrheal infections of men, women and children. It has been used freely in all types of complications and, in their opinion, has some virtue in amelioration, although other treatment, not so important in simple urethral involvement, is of prime necessity. The authors have not followed the recommendation of Corbus but have used the filtrate freely in all stages of the infection and complications. They have departed from the recommended dosage scheme by giving not more than 0.1 cc. of filtrate (children should receive from 0.05 to 0.15 cc. of filtrate), increasing weekly by from 0.05 to 0.2 cc. (1/20-4/20), depending on the local skin, regional lymph gland, and systemic reactions as well as on the character of urethral discharge and the states of the infection. Complications are today, as they have always been, of greatest importance in gonorrhea; late and unexpected transmission of the disease, sterility in both sexes, and the determination of safety in marriage are questions peculiarly in the domain of the consulting urologist. The determination of cure in gonorrhea has always been a difficult problem. The authors believe that their use of gonococcus filtrate in large doses (from 0.1 cc. to 0.4 cc.) as a diagnostic or provocative agent to demonstrate dormant infection is a milestone in progress toward the ultimate cure of obstinate gonorrhea.



## PERSONALS AND NEWS ITEMS

Wm. Hibbitts, Texarkana, has been elected Chief Surgeon of the Cotton Belt Lines.

A. J. Hamilton has been appointed health officer at Rison.

G. L. Hardgrave, Clarksville, has been elected Vice-president of the University of Arkansas Alumni Association.

W. C. Overstreet and H. A. Stroud have been elected delegate to International convention and director, respectively, of the Jonesboro Lions Club.

H. A. Murphy has opened a maternity hospital at El Dorado.

The Magnolia Lions Club has elected the following officers: Vice-president, Joe F. Rushton, and Director, P. M. Smith.

J. D. Riley, State Sanatorium, attended the meeting of the National Tuberculosis Association at Saranac Lake, New York, during June.

S. F. Hoge, Little Rock, conducted a chest clinic and addressed the Lions Club on "Tuberculosis" at Jonesboro June 20th.

Gordon Hastings has resumed his duties as assistant state health officer, having completed an eight months' course in public health administration at Harvard University.

At the annual banquet session of the staff of the Baptist State Hospital, Frank Vinsonhale spoke on "Medical Education for the Graduate Doctor." The following officers were elected: Joe F. Shuffield, Chief of Staff; K. W. Cosgrove, Vice-chief, and T. Duel Brown, Secretary.

L. J. Kosminsky, Texarkana, recently addressed the Ouachita Parish Medical Society at Monroe, Louisiana, on "Recent Trends in Medical Practice."

MARRIED—On July 18th, Dr. H. H. Holt, Nashville, and Miss Elizabeth Abbie Seale, of Greenshaw, Mississippi. Mrs. Holt is the daughter of Dr. and Mrs. W. E. Seale, of Greenshaw, and a graduate of the Methodist Hospital Training School. Congratulations!

W. G. Hodges, Malvern, has been reappointed a member of the State Board of Embalmers.

H. Fay H. Jones, Little Rock, spent a vacation in California during June and July.

N. B. Daniel, Texarkana, has moved to Mercedes, Texas.

J. M. Hooper, Batesville, has been commissioned Lieutenant-Colonel in the Medical Reserve Corps, U. S. A.

C. H. Dickerson has been elected president of the Conway Country Club.

"Treatment for Boils" by J. A. Burnett, Waldron, appears in the July issue of The Medical World.

J. A. Foltz, Fort Smith, addressed the annual banquet session of the Tulane Alumni Association in New Orleans June 7th.

Euclid M. Smith, Hot Springs National Park, has been elected to Associateship in the American College of Physicians.

P. L. Day, Little Rock, was elected an associate fellow of the American Medical Association at the Atlantic City meeting.

Dr. and Mrs. J. B. Ellis, Helena, are spending several months in California.

G. W. Reagan, Little Rock, attended the American Urological Association meeting in San Francisco during July.

The June Tri-State Medical Journal contains the following: "Early Care of Patients with an Acute Abdomen," W. T. Lowe, Pine Bluff, and "Indications for Cesarean Section," H. H. Holt, Nashville.

A. C. Shipp, Little Rock, attended the meeting of the National Tuberculosis Association at Saranac Lake, New York, in July.

F. H. Krock and family, Fort Smith, spent July on vacation in California.

Don Smith, Hope, Councilor for the Sixth District, has returned to practice following a prolonged illness.

## WOMAN'S AUXILIARY PAGE

MRS. D. W. GOLDSTEIN  
Publicity Secretary, Fort Smith

### AUXILIARY NEWS

A Woman's Auxiliary to the Southeast Arkansas Medical Society was organized Monday evening, June 17th, at Dermott. Mrs. Charles W. Dixon, Councilor of the Fourth District, presided, and these officers were elected: President, Mrs. E. E. Barlow, of Dermott; President-Elect, Mrs. M. C. Crandall, of Wilmot; Secretary, Mrs. H. T. Smith, of McGehee; Publicity Secretary, Mrs. J. H. Burge, of Lake Village; Treasurer, Mrs. B. C. Clark, of Lake Village; Historian, Mrs. A. M. Gibbs, of Hamburg; Parliamentarian, Mrs. Gibbs. The next meeting will be held July 15 at Monticello.

The Woman's Auxiliary to the Arkansas Medical Society extend greetings and a hearty welcome to our new Auxiliary.

Mrs. Marcus T. Smith, our State President, sent in the following report from the A. M. A. Auxiliary meeting in Atlantic City.

New officers elected: President, Mrs. R. N. Herbert, Nashville, Tenn.; President-Elect, Mrs. Robert Fitzgerald, Wisconsin; First Vice President, Mrs. R. Bonar White, Georgia; Second Vice President, Mrs. Otis F. Lawson, Washington; Third Vice President, Mrs. E. L. Whitney, Michigan; Fourth Vice President, Mrs. P. Wilson, District of Columbia; Recording Secretary, Mrs. C. T. Tomlinson, Nebraska; Treasurer, Mrs. E. J. Carney, Wisconsin. Directors for two years: Mrs. A. J. Casselman, New Jersey; Mrs. James Downing, Idaho; Mrs. John McReynolds, Texas; Mrs. W. Hibbitts, Arkansas, Historian; Mrs. D. W. Goldstein, Arkansas. Delegates from Arkansas: Mrs. H. T. Smith, Conway; Mrs. L. Kosminsky, Texarkana; Mrs. Hathcock, Fayetteville.

Education, ourselves, public and school children, was the keynote of the meeting. Each state was asked to observe "Doctor's Day." A Speaker's Bureau for each County Medical Society was stressed. It was suggested that trees be planted in memory of deceased state and county presidents. Also suggested that a survey be made of discontinued memberships and an effort be made to find the reason.

Eighteen hundred and sixty women attended the meeting. 750 Auxiliary members, 102 from Canada, 92 delegates, 27 alternates, one from London, England.

The May meeting of the Woman's Auxiliary to the Bowie and Miller County Medical Societies had for its hostesses Mrs. R. Baskett, Mrs. C. E. Kitchens, Mrs. G. Parson and Mrs. N. B. Daniel.

Mrs. Decker Smith conducted the business routine, after which splendid reports from the Texas state medical association were given by Mrs. S. A. Collom, Mrs. George Parson, and Mrs. Allen Collom.

As chairman of the philanthropic committee, Mrs. L. H. Lanier reported that the auxiliary had sponsored four projects for the year; school health essays, for which five dollars had been given; the giving of \$10.00 to the Roose-

velt fund; the contribution to the United Charities for filled stockings at Christmas time; and the selling of seals for the Tuberculosis Association.

In an appropriate but informal ceremony, Mrs. Smith presented the gavel to Mrs. N. B. Daniel, the incoming President. After announcing her group of officers and committees for the ensuing year, Mrs. Daniel expressed her appreciation in being elected president of the group.

Mrs. Daniel asked for co-operation of all members, not for personal benefits, but that the organization might continue as in the past and be worthy of the fine and noble womanhood which constitutes its membership. She praised the organization for its accomplishments during the past year, notwithstanding that it has been marred by sorrows deep rooted by illnesses which have necessitated absences of numerous members.

At the close of Mrs. Daniel's address, a lovely ice course was served to the following members: Mrs. J. T. Robinson, Mrs. Albert Mann, Mrs. Allen Collom, Jr., Mrs. Harry Murry, Mrs. Decker Smith, Mrs. L. H. Lanier, Mrs. P. H. Phillips (Ashdown), Mrs. S. A. Collom, Mrs. Joe Tyson, and the hostesses.

### AN AUXILIARY MEMBER SHOULD KNOW THAT—

A Medical Auxiliary serves the Medical Profession and through it the public. Such service is very satisfactory, as it is unselfish.

An Auxiliary is always organized with permission of the Medical Society and should have an Advisor or Advisory Committee to direct it. The Auxiliary should give an annual report to its Society and undertake no new project without approval.

The principal functions of an Auxiliary are: Health education, public relations, legislation (reserve force), philanthropy, social.

The laity requires health education, but it should be given through the Medical Profession, so there may be rational control of what the public does and thinks in medical health activities. A most important objective of the Auxiliary is to direct public thinking and activity in channels the profession desires and to extend authentic information on health. We only support an organization when we are a member and when we understand the tasks and objectives and how to accomplish them. An Auxiliary member therefore should attend as many meetings as possible so she may—

1. Understand the purposes and objectives of the Auxiliary.
2. Receive instructions in the particular charge given her by local, state, national and know why assigned.
3. Understand how to fulfill that charge.
4. Become informed about:
  - a. personal and community hygiene
  - b. administration of local, state, national health
  - c. medical and health laws, local, state, national
  - d. the health of her community



- e. communicable diseases; their control and prevention
- f. her health in relation to her family, her community
- g. the general problems health all should know
- h. approved educational material and where to obtain it
- i. the development of the Medical Arts
- j. why the A. M. A. urges the promotion of Hygeia; how done
- k. what legislation the Medical Society sponsors; why; how the Auxiliary acts as a reserve force; what the individual member may do
- l. philanthropic work related to the Medical Profession; what her Auxiliary is doing and why.

#### HOW DOES A MEMBER SUPPORT HER AUXILIARY?

- By—1. paying her dues.
2. attending meetings
  3. accepting offices, chairmanships in other organizations, especially those related to health, so informed speakers may address them; so approved material may be distributed; so programs and projects undertaken be scientifically sound; so information that the profession wishes to place, may be given promptly.
  4. keep informed about medical matters and health activities in other organizations and report unwise and unacceptable one to the Advisors.
  5. promote good fellowship by affability at meetings and attend entertainments, conventions; assist at them as requested.
  6. by fulfilling the charge given them; not necessarily all of it, but as much as she is able. It is not necessary to partake of every phase to be a good member.

The busy wife is an asset to the Auxiliary if she is an informed member, because she has many opportunities to carry the aims and decisions of the Medical Profession and keep health leadership where it belongs. As a member, she may speak with authority and receive respect and attentions that will be missing as an unattached doctor's wife. She will know when to keep quiet and merely report to the Advisors, or Auxiliary President, and she will know when and how to answer.

## BOOK REVIEWS

**Doctors and Juries.** By Humphreys Springstun, with an introduction by Wm. J. Stapleton, M. D. Fabrikoid. Pp. 155. Price \$2.00. Philadelphia: P. Blakiston's Son and Company, 1935.

Necessarily discussing a wide range of subjects in a brief manner, this volume is a good monograph. Legal complications with which the practitioner should have a working knowledge, particularly malpractice actions, are intelligently presented. We recommend it for profitable reading.

**The Romance of Exploration and Emergency First-Aid From Stanley to Byrd.** Cloth. Pp. 160, with illustrations. New York and London: Burroughs, Wellcome and Co.

This volume is a pleasing souvenir of the relations of the firm of Burroughs, Wellcome and Company with the many expeditions to which they have supplied first-aid and medical equipment. The high spots in the careers of most of the modern explorers are covered in a most readable manner.

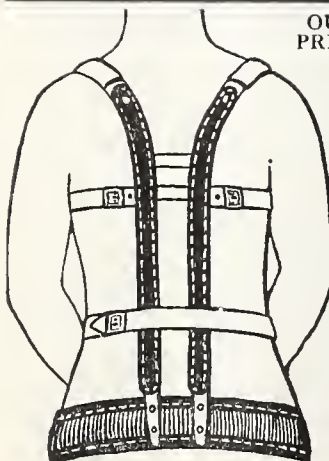
**Electrotherapy and Light Therapy.** By Richard Kovacs, M. D., Clinical Professor and Director of Physical Therapy, Poly-Clinic Medical School and Hospital, New York; Physician in Charge Physical Therapy, City Hospital, New York; Visiting Physiotherapist, Manhattan and Harlem Valley State Hospitals and West Side Hospital; Consulting Physiotherapist, Hackensack Hospital and Mary Immaculate Hospital, Jamaica, New York. Second edition, thoroughly revised. Illustrated with 263 engravings and a color plate. Price \$7.50. Lea & Febiger, Philadelphia, 1935.

This volume shows the physician the possibilities and the limitations of that part of modern physical therapy which they, themselves, can carry on in their offices. Its subject matter has furnished the basis of instruction in the courses given at first under the auspices of the Columbia University Extension School of Medicine at the Reconstruction Hospital in New York and, since 1927, at the Polyclinic Medical School and Hospital of New York City. It is derived from the clinical work of these two institutions and from the author's many years of practice in physical therapy.

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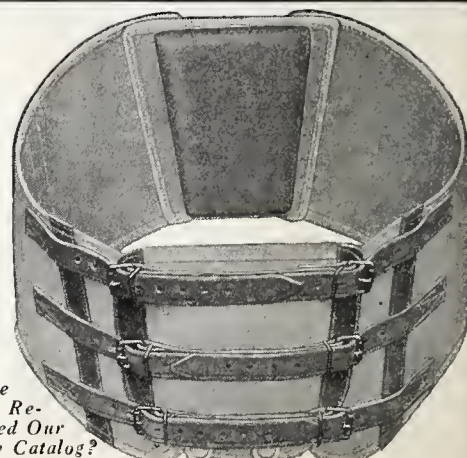
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# THE JOURNAL

## of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXII FORT SMITH, ARKANSAS, SEPTEMBER, 1935 No. 4

### SOME EXPERIENCES WITH MALARIA\*

M. S. DIBRELL, M. D.  
Van Buren.

At the meeting of the Tenth Councilor District Medical Society last year, I had a scientific exhibit of the different kinds of malaria and made an extemporaneous talk on that subject. I am now endeavoring to repeat that as nearly as I can.

In the early days of my practice, malaria in all its forms was a most dreaded and generally prevalent disease in this locality, but better sanitary conditions, such as screening, drainage and other prophylactic measures, have reduced the cases of this disease in a marked degree. Perhaps malaria will always be prevalent to some degree in districts where it now prevails, but I do believe it will eventually be controlled as have yellow fever and kindred diseases.

For many years I have gone with a camping party each summer and fall into mosquito and malaria infested areas. Most of us had malaria on our return home. About thirty years ago, at my suggestion, we made it a rule that each person in the camp was to take five grains of quinine each night while in camp and for one week afterwards. One in the party who refused to take the preventive treatment always had malaria on his return home. Those of us who took the quinine did not have malaria.

I have frequently advised people who live in malaria-infested districts to take quinine as suggested. A follow-up showed that those who took the quinine during the mosquito season did not contract malaria, firmly convincing me that if during the mosquito season each person in infected districts would take this simple preventive treatment, malaria could be controlled as it will not develop in the presence of such a small amount of quinine in the circulation.

The diagnosis of malaria is, in practically all cases, a simple matter. I always carry a number of cover slips and cigarette papers with which

to make smears for later microscopical examination. Wright's stain is the one of preference, mine being made with Burroughs Wellcome so- loids and the highest purity methyl alcohol. The results are all that could be desired as the plas- modia in the different stages of development are clearly shown and easily classified.

It has been my rule never to positively diag- nose a case as malaria until evidence is found in the blood stream. If it is not found on the first examination, and the case is one of malaria, a little persistence will eventually reward one for his efforts by showing the positive evidence. There are too many cases diagnosed as malaria that are really not that disease. The only true way to clear up the question is by microscopical examination.

The recommendations of the United States Government for the treatment of malaria are ideal in many cases, but afflicted persons are inclined to neglect the follow-up of the quinine after they are temporarily relieved. In acute malaria the instructions are to give ten grains of quinine by mouth three times daily for three days, and then ten grains each night at bed time for eight weeks. If this treatment is adhered to, the results are eminently satisfactory for cure.

I generally give quinine somewhat differently, however, and use the bisulphate by preference. The drug is given by mouth in five-grain doses every four hours day and night, whether there is fever or not, until the paroxysms have ceased for forty-eight hours, and then the ten-grain doses daily are given according to government instructions. I sometimes put them on the fol- lowing prescription:

Quinine Bisulphate - - - - - dr. ii (2)  
Tr. Ferri Chloride - - - - - dr. v (5)  
Tr. Iodi (Formula 1890) q. s. - - - oz. i (1)  
MISCE: Take a double naught capsuleful after  
          meals, 3 times daily. Drink a glass of water  
          after each capsule.

This prescription, if taken for eight weeks, will build up the depleted blood, increase the appe- tite and body weight, and eradicate malaria from the individual.

\* Read before the Sixtieth Annual Session of the Ark- ansas Medical Society, Fort Smith, April 17, 1935.



A few years ago the physician who did not treat malaria by intravenous quinine was considered a fossil by many of his colleagues, and the advocates of this method were very enthusiastic over the results obtained and thought it the only proper way of treatment. I heard a very learned and highly honored physician say that he had never had a return of malaria when quinine was given by vein, and he was honest in his belief. This was in the late summer. I asked him if he knew it to be a fact that none of his cases had a return of malaria. He answered "Yes." I told him that I was at that time treating three cases in my town, which he had positively cured by intravenous treatment, and my diagnosis was estivo-autumnal infection, verified by the microscope. Ring bodies and crescents were found in each case. Since this he has had a change of heart and technique in treating malaria. I want to mention that we live in different towns and he had treated my patients who had gone to him for the new "serum treatment." (Quotation marks are the patient's, not the doctor's.)

When the United States Government condemns intravenous quinine, not permitting its army and navy physicians to give it, and also sends pamphlets to every physician in the country, cautioning them against this method of giving quinine, "except in extreme emergency," I think it is time for us to taboo the method.

There is no better or effective way of giving quinine than by mouth. Several years since, I saw a child eight years old who was apparently moribund. The history given me by the family was typical of malaria. Smears were made, stained and examined at my office. The picture was startling and unbelievable. Nearly every red cell showed from one to three estivo-autumnal rings and there was no apparent difference in any field examined. I was in Little Rock shortly afterward and told my brother, Dr. E. R. Dibrell, about the microscopical findings and how well I remember what he said:

"Matt, don't make such a statement in the presence of intelligent people."

My answer was:

"I have the slide in my pocket to verify the statement."

He examined it with his microscope and seemed as much startled as I was when I first examined it. He said:

"Your statement is verified. I never expected to see anything like this specimen."

This child was given ten grains of bisulphate of quinine, well diluted with sterile water, into the gluteal muscle. He came out of his condition like the proverbial snowball melting in an August sun.

The youngest person I have seen with malaria was a baby nineteen days old. The temperature was 105 degrees following a chill. Tertian parasites were found upon microscopical examination. The child recovered.

I visited a man who had a chill and temperature 105.6 degrees. He diagnosed his case as smallpox. He had never been vaccinated and gave a history of direct exposure twelve days before. He had all the pre-eruption symptoms of that disease, and I tentatively agreed with him but got a blood smear, took it to the office, stained and examined it. In less than thirty minutes from time of leaving his home, I telephoned him that he had malaria, tertian type.

In my early days of practice when malaria was rampant in this locality, I was called ten miles into the river bottom in consultation with Dr. F. A. Mickel, who lived in Haroldton. I saw four cases of swamp fever with him on one lane a mile long. He had had much experience with this disease and had worked out a treatment for it. Sometime after this he moved to Van Buren. A most virulent case of malarial hematuria developing in my practice, Dr. Mickel was promptly called in consultation. I told him that it was up to him and asked him to outline the treatment. He replied: "Fix up twelve powders, each consisting of one grain of calomel, four grains of bismuth subnitrate and four grains of bicarbonate of soda. Give one on the tongue every hour. Give one-eighth of a grain of morphine and one-thirtieth grain of strychnine with the needle every four hours. This is to help control the vomiting, give him rest and assist in keeping off the chill." That evening we again saw the patient. The powders had been taken, the urine was still bloody, the patient worse. Dr. Mickel said:

"Fix twelve powders the same as the others and give one every hour."

This treatment was continued until thirty-six powders had been given. On the evening of the third day, I stated to my consultant:

"We are coming down here in the morning and find the bed clothes on the fence."

I shall never forget his chuckling laugh and his answer to me:

"Wouldn't it be nice when we come down in the morning to find that water clear."

The next morning the fence was not adorned with bed clothing and the water was clear. At this time I asked him about quinine now but he said:

"Not a grain yet." In a few days he put him on two grains of quinine, two grains of ferri reducti, one-thirtieth grain of strychnine sulphate, one-thirtieth grain of arsenious acid, three times a day. The patient made a complete recovery. I have not seen a case of malarial hematuria for more than fifteen years although frequently in earlier days. I never had a case to recover before adopting Dr. Mickel's treatment, and I have never seen one die since I began using it. Dr. Mickel said he did not know how it acted but that the patients got well.

I have had no experience with Atabrine and its adjunct, Plasmochin, and have no fight to make with them, but retail druggists and the laity seem to know more about Atabrine than most doctors. I am just wondering if some day might we see Atabrine on the front showcases of retail drug stores along side of a much advertised brand of Aspirin and S. T. 37. Until I am beyond a doubt convinced that there is a better treatment than quinine for malaria in its usual forms, I shall adhere to this long-used and dependable remedy.

#### RELIABLE APPARATUS.

Your state medical Journal has received from the American Medical Association a small pamphlet containing a list of the apparatus accepted by the Council on Physical Therapy, the first one published under the direction and supervision of the Council. In addition to the list and description of accepted apparatus, the pamphlet contains indications for the use of each type and a statement relative to efficacies and dangers.

This pamphlet is a real contribution on the part of the American Medical Association in behalf of rational therapeutics—an effort to help place physical therapy on a sound, scientific basis for the benefit of the medical profession.

One of the purposes of the Council on Physical Therapy is to protect the medical profession, and thereby the public, against inefficient and possibly dangerous apparatus and against misleading and deceptive advertising in connection with the manufacture and sale of devices for physical therapy.

Apparatus Accepted includes all the devices accepted by the Council prior to May, 1935. Any physician can obtain this pamphlet free by writing to the Secretary, Council on Physical Therapy, A. M. A., 535 North Dearborn Street, Chicago, Illinois.

## GOITER \*

JOHN M. SMITH, M. D.  
Russellville.

In compiling the material to be presented in this paper, it was my plan to embrace that condition of the thyroid gland that has come to be known as goiter. Much has been observed concerning this particular disorder, for with the speeding up of the mode of living, the thyroid gland has begun to be more involved, and being especially sensitive to emotional storms, "though it be but little, it may be fierce." Such being the case, many conditions can arise in this gland, and in like manner the general organism may be affected. Indeed, thyroid disease has come to be known as the most frequent of the endocrinopathies.

As is necessarily the case when a paper is read by a man of few years' experience, the major part of the discussion involves work and data collected from the literature on the subject, with but a minor supplement of recitations and conclusions by the writer. This being true, it has been possible to prepare a well rounded paper sub-divided as follows:

History

Pathology

Embryology, Anatomy, Physiology, and Endocrinology

Classification

Symptoms, Signs, and Diagnosis

Differential Diagnosis

Medical Treatment

Surgical Treatment

Summary

Conclusion.

### History.

It is said that beneficial results on goiter by substances now known to contain iodine were obtained by the Chinese as early as the fifteenth century B. C. It is evident that sponge ash was used during the time of Hippocrates, and was advocated for this use in 1170 A. D. by Rogers of the University of Salerno. Galen was probably the first to record his observations of the thyroid. He described the gland together with certain changes and symptoms brought about by its malfunction. In 1562 Realdus Columbus observed that the gland was larger and that its

\* Presented, with motion pictures, before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 17, 1935.



disease was more prevalent in women than in men. Then Casseius, at the beginning of the seventeenth century, concluded that the thyroid gland had no duct, describing it as a separate and distinct anatomical entity. Aquapendente, in 1619, however, was the first to recognize the thyroid as the seat of goiter.

After this valuable contribution, the next idea of importance was that donated by Morgagni, who expressed the opinion that the thyroid was a secretory organ, and that its secretion was carried by the lymphatics. Parry, in 1825, described the syndrome of exophthalmic goiter, and Trousseau in 1863 revealed the fact, accidentally discovered by him, that goiter patients were benefited by the use of iodine. This observation, soon corroborated by others, was shortly followed by the discovery that iodine was a normal product of the thyroid gland. In 1908, Wilson, from the Mayo Clinic, made the first report of the pathologic histology of the thyroid gland. In 1913, H. S. Plummer advocated his two product hypothesis, and later advocated the use of Lugol's solution as pre-operative preparation for thyroid surgery. In 1914 Kendall isolated thyroxin from thyroid substance, and proved it to be an amino-acid containing 65% iodine. At this time Kendall stated that he felt that thyroxin was the active principle of the thyroid.

Since that time, we are indebted to such men as Halstead, Crile, Kocher, Sistrunk, Pemberton, Rankin, Roeder, and Dixon for completing the history of that condition of the thyroid gland known as goiter.

### Embryology, Anatomy, Physiology.

Embryologically, the thyroid develops from a single anlage between the three portions of the tongue, and should be in its permanent place by the end of the seventh week of fetal life. It then descends and comes to lie in its natural position over the second and third tracheal rings. Occasionally, a portion of this gland clings to the developing hyoid bone, and the gland strings itself down the neck. Often this stringing process fails to occlude, and an epithelial lined duct or cyst remains. Rarely, if ever, all the thyroid gland remains in the tongue itself.

The thyroid gland is an unpaired gland consisting of two lateral portions, or lobes which are united by a thin strip called the isthmus. Sometimes there is an irregular, pyramidal lobe extending upward toward the thyroid cartilage. The external connective tissue capsule continues into the surrounding cervical fascia. It is con-

nected by loose, irregularly arranged connective tissue with another layer of dense connective tissue, the middle cervical fascia which adheres intimately to the gland. The fascial attachments account for the movement of the gland during the act of swallowing. Immediately over the fascia are the sterno-thyroid muscles. The sterno-hyoid muscles overlie the sterno-thyroids, and both are encircled by the middle cervical fascia. The sterno-cleido-mastoid muscles cover the lateral lobes. Superficially, one finds the superficial fascia, platysma, and skin. The thyroid has an unusually rich blood supply and drainage, it being  $5\frac{1}{2}$  times more vascular than the kidney, and 28 times more vascular than the head. The superior thyroid artery from the external carotid, and the inferior thyroid artery from the thyro-cervical trunk ramify and anastomose frequently into small capillaries which form networks over each follicle. The venous blood is collected by the superior and middle thyroid veins emptying into the internal jugular, and the inferior thyroid vein emptying into the left innominate. The thyroid ima artery is sometimes present. The lymphatics accompany the blood vessels and are abundant. They drain into the low cervical lymph nodes. The nerve supply consists of post-ganglionic fibers from the superior and middle cervical ganglia, entering with the blood vessels. Fibers are also received from the superior and recurrent laryngeal nerves.

### Physiology.

The physiology of the thyroid gland is very interesting, and has a direct bearing upon the treatment of goiter. According to Kendall, the active principle of thyroid secretion is thyroxin which is said to act as a catalytic agent, and to bring about a reaction intimately associated with the processes of oxidation or body metabolism. The chief physiological function of the thyroid seems to be to supply just sufficient iodine in the correct combination to help the tissues assimilate the proper amount of nutrition for the maintenance of the normal replacements made necessary by waste. As Plummer has so tersely put the proposition: "The function of the thyroid is to maintain approximately 14 milligrams of thyroxin in the tissues at all times.

### Endocrinology.

The endocrine system, controlled by electrochemical activity, existed in the lower order of life long before the central nervous system developed. The hormone balance was maintained in the system by the automatic out-pouring of hormones through electro-chemical excitation.

The entire vegetative system, with the abdominal brain, co-operates in the endocrine functions, and with the development of the central nervous system, the thyroid is now observed to function through psychic states of fear, anger, and great emotion. The thyroid hormone, thyroxin, has an organic radical with the halogen iodine. The relative presence or absence of thyroxin in the system causes the entire syndrome of thyroid disorder.

### Classification.

Thyroid disorders have been classified many times and in such classifications, goiter was necessarily considered. With the appointment of a committee on classification by the American Association for the Study of Goiter, however, interest was created in behalf of a new classification of goiter. The result was that a classification based on the newer conceptions of physiology and pathology was brought forth. From recent reports it seems to be destined for general acceptance. It is as follows:

- I. Non-Toxic Diffuse Goiter
- II. Toxic-Diffuse Goiter.
- III. Non-Toxic Nodular Goiter.
- IV. Toxic-Nodular Goiter.

The four types of goiter listed include every thyroid disorder which results in goiter formation. The pathology of these will now be considered in detail.

### Pathology.

There is no doubt that an intimate relationship exists between endemic goiter and iodine deficiency, and that it is prevalent in certain regions to such an extent that a goiter belt is formed. This condition occurs in this country more in the region around the Great Lakes, but the goiter belt extends from Boston to Seattle.

Before entering into a discussion of the different types of goiter, it might be well to consider in a general way some of the physiological and pathological changes which result in goiter formation. Deficiency in iodine results in compensatory hypertrophy and hyperplasia. Some investigators hold that iodine is all important, and others believe that goiter is produced from bacteria in the intestines by their introduction chiefly through impure drinking water. Moreover, there are infections in which the demand for thyroxin is such that the average amount of iodine may not be enough for the new pathological state. Whether goiter is a primary func-

tional state of the thyroid or a local manifestation of a systemic disease is yet to be determined. Hereditary factors must be considered. Marine's work in the public schools of Akron, Ohio, demonstrated conclusively that endemic goiter is preventable by the administration of iodine. Simple goiter commonly occurs at puberty and is a result of a physiological effort at compensatory hypertrophy to meet new demands. All forms of goiter are simply different stages in hypertrophy and hyperplasia and must be regarded as such for a correct understanding of their etiology.

When hyperplasia takes place, the epithelium lining the follicles becomes tall and columnar, and numerous mitotic figures indicate increased cellular activity. Suitably stained sections show great increases in the mitochondria in the hyperplastic cells. The follicle becomes enlarged while an increasing number of cells and epithelial spurs project into the follicle presenting at times an almost solid appearance. The colloid stains only faintly as compared with that of colloid goiter. The iodine content varies inversely with the hyperplasia. Lymphocytes frequently appear in the stroma in increased numbers. This whole process is compensatory in nature, taking place in an effort to provide the body with thyroxin.

Involution, the opposite of hyperplasia and hypertrophy, may be induced artificially by the administration of iodine, or it may occur spontaneously in different physiological reactions. The picture of folded epithelium fades away leaving only a few spurs of projecting buds. Many of the follicles remain distended but the lining epithelium becomes flattened or cuboidal, thus permitting the accumulation of colloid within the follicles. The stroma is increased and becomes fibrous. During life this process of hyperplasia and involution takes place as the result of chemical, bacterial or nervous stimuli. When hyperplasia ceases, involution sets in.

Goiter, then, is an enlargement of the thyroid caused in the first place by hyperplasia which may be followed by involution. If the hyperplasia is not too great, the gland may be returned to practically its normal size, or it may hyperinvolute into the colloid state. Hyperplasia may be compensatory with iodine deficiency, or as one investigator found, it may be produced by a diet consisting of an excess of fat. Hyperplasia at pregnancy, lactation, adolescence, or at times of stress is physiological in nature. The real problem is to determine why the hyperplasia is pathological at times rather than physiological.



### Symptoms, Signs and Diagnosis.

**NON-TOXIC DIFFUSE GOITER.** A gland, symmetrically enlarged, occurring in individuals between the ages of 12 and 20, more common in girls than in boys, and having for its chief cause a lack of iodine; at least enough to maintain an even basal metabolic rate under the most normal daily life. In an effort to manufacture thyroxin, the circulation is increased, the non-functioning follicles become larger, there is an increase in the size and number of the epithelial cells lining the follicles, and a hyperplasia takes place. Although neurotic patients with nervous symptoms are sometimes found with this type, it usually does not produce hyperthyroidism. Palpation may reveal a gland quite similar to that found in some cases of exophthalmic goiter, but as a rule this uniform enlargement in a young person is the important and only symptom present. The basal metabolic rates run around the lower limits of the normal, i. e., from 12 to 15 per cent, and this condition has been considered by Plummer to be the earliest manifestation of a deficiency of iodine. The histological changes are the same, but of a less degree than those of the toxic diffuse goiter. A cut section of the gland reveals an excess of colloid, the acini being considerably distended and, as a rule, accompanied by a flattening of the parenchymal cells. The gland usually remains somewhat increased in size due to the large number of small follicles that have developed and to the permanent increase of the connective tissue, but it is capable of functioning normally.

**TOXIC-DIFFUSE GOITER.** Here is a condition which is more serious than the one just discussed, one which really merits description as toxic, and one which on account of its classical symptoms and their amenability to treatment, has come to be looked on as the classical goiter. It is known as exophthalmic goiter, Graves' disease, or Basedow's disease. Here is found a symmetrically enlarged gland with an associated syndrome such as follows: tachycardia, tremor, and an elevated B. M. R. rate. The etiology of this condition is obscure; it being quite as prevalent in non-goitrous as in goitrous regions. It is not the result of iodine deficiency; it affects those between the ages of 15 and 45, and its incidence apparently is on the increase.

The classical conception of the origin of toxic diffuse goiter is that it follows sudden grief, fright, or physical, mental, or emotional stress. This has been considered the chief causative factor, and all are agreed that most cases originate

at such times. Moreover, it has been observed that an emotional storm precedes the acute outbreak. All of this being true, some observers have introduced a new line of thought by broaching the question "Is it not reasonable to regard the emotional attack to be due to the low type of hyperthyroidism previously existing?" These observers state that it is their belief that the factors mentioned above play the major part in the etiology of this type of goiter, but they also believe that once begun, the pathological gland increases the emotional element which gave the initial push, and this in turn increases the hyperthyroidism, causing a more gradual incipency of goiter than at first supposed.

Be that as it may, the symptoms, both subjective and objective, of toxic diffuse goiter are classical. This type of goiter is characterized by a rapid onset. There is a rapid loss of weight accompanied by a variable appetite that is frequently ravenous. This is a significant diagnostic clue. In no other disease, except possible diabetes, is there a rapid weight loss accompanied by a good appetite. Insomnia, nervousness, emotionalism, irritability, excitability, and a peculiar type of restlessness, aptly described by Plummer as "purposeful movements without any purpose" may be present. The old textbook eye signs are no longer considered of great clinical importance. Tachycardia and an increased basal metabolic rate are always present in cases of toxic diffuse goiter. The presence of thrills and bruits in the neck is also indicative of this condition. A low diastolic pressure occurs in contrast to the hypertension and proportionately high diastolic pressure than is seen in toxic adenoma. In long standing cases of exophthalmic goiter, of course, a hypertension may develop. The pulse pressure is a good index to the severity of hyperthyroidism, as is also the quadriceps muscle test.

**NON-TOXIC NODULAR GOITER.** The presence of nodules in the thyroid is common. They are frequently called adenomata, and regarded as true neoplasms, but the trend at present is to regard the majority of these adenomata as localized enlargements resulting from hyperinvolutions. Grossly, the adenomata are localized encapsulated nodules varying greatly in size. It is customary to consider two types of adenomata, colloid and fetal. Microscopically, there are many variations between these two. In the colloid form involutional bodies similar to those which result from the administration of Lugol's solution are found. The large acini are lined with flattened epithelium. A spurlike projection

of epithelium may project into the lumen, and is indicative of a pre-existing hyperplasia. The remainder of the gland may or may not show active hyperplasia.

In the fetal type of adenoma the follicles are small and are supposed to be derived from fetal cell rests in the inter-acinar parenchyma. The lining cells are of the cuboidal type, and while some contain colloid, this is by no means uniform. A great many are only solid rests of cells. In many adenomata no sharp line of demarcation can be drawn between the fetal and colloid type as they often merge one into the other. There are many groups of cells adjoining some of the follicles which may be an attempt to form new follicles, but rather than this, we may look upon the thyroid as a gland functioning in part normally with some follicles quiescent or nearly so. In general, the non-toxic nodules or adenomata of the thyroid must be considered the result of a functional disorder rather than a true neoplastic disease, although true adenomata may be found.

Non-toxic nodular goiter presents a gland irregularly enlarged, whether noticeably so or not, the distinct masses being usually palpable. Age incidence is somewhat higher than in non-toxic diffuse goiter, the condition occurring in people between the ages of twenty and forty. In the absence of any symptoms of hyperthyroidism, the outstanding feature is the irregular and asymmetrical character of the enlargement of the gland. The basal metabolic rate is within normal limits. Pressure symptoms are more frequently noted. Other than these there are no outstanding symptoms associated with this type of goiter. According to Lahey, from this type of tissue, however, i. e., from adenomatous tissue, all malignancies of the thyroid develop.

**TOXIC-NODULAR GOITER.** The outstanding feature here as in the type of goiter just discussed, insofar as inspection and palpation are concerned, is the irregular, asymmetrical character of the neck enlargement. The gross and microscopical appearances of the gland after surgical removal is the same as that of the non-toxic nodular gland except for the modification of the hyperplastic condition surrounding the nodules. Toxic adenoma, according to Graham, is not due to the adenoma, but to the presence of hyperplasia in the surrounding gland. This does not meet with the general consensus of opinion which is that the adenomatous masses for some reason have escaped the normal regulating mechanism of the body, and have a ten-

dency to furnish thyroxin independently of the needs of the tissues of the body. Indeed many men are of the opinion that toxic nodular goiter, and toxic diffuse goiter are exemplified by exophthalmic goiter, should be included under the heading of Graves' disease. In addition to the physical appearance of toxic nodular goiter, the following symptoms are all, or in part present: (1) elevation of the basal metabolic rate, (2) increased pulse pressure, with some degree of hypertension, (3) palpitation and tachycardia, (4) increased appetite, (5) weight loss, (6) heat intolerance, (7) nervousness, excitability, and tremor of the hands, and (8) a general quadriceps weakness. Obviously the symptoms of this type of goiter are very similar to the toxic diffuse type, making differential diagnosis very important. The improvement noted by iodine administration in the toxic diffuse or exophthalmic goiter, however, should separate it from the toxic nodular type.

#### Differential Diagnosis.

Some phases of goiter are often mistaken for other diseases and symptom complexes, and it is the purpose here to suggest helpful ways of differentiating goiter or some phase of it from the diseases most commonly confused with it.

Toxic nodular goiter, or adenomatous goiter with hyperthyroidism, is frequently associated with hypertension, and because of the hypertension, the thyroid trouble is often overlooked. The presence of other classical symptoms of hyperthyroidism as well as the enlargement of the gland should be checked in order to avoid this mistake.

The crisis of toxic diffuse or exophthalmic goiter as well as the gastro-intestinal symptoms of this condition may be confused with the symptoms of an acute abdomen. A thorough examination and careful history, combined with the administration of Lugol's solution in doubtful cases should go a long way toward obviating this error.

Parkinson's syndrome, because of the nervousness, tremor, anxious facial expression, loss of weight, and other similar symptoms is often confused with toxic diffuse goiter. The tremor of Parkinson's disease, however, is of the rest type and very slow and coarse, while the tremor of hyperthyroidism is of the intention or movement type, rapid and fine. The movements of a Parkinsonian patient, except when he is in one of his "wound up" movements are extremely slow, while the hyperthyroid patient moves briskly. As a final differential test, the Parkinsonian patient



will show no improvement on iodine therapy, and repeated basal metabolism tests will not remain consistently elevated, as in the case in patients with toxic diffuse goiter.

The symptoms of toxic diffuse goiter are often mistaken for those of heart disease, on account of the tachycardia, pulse deficit, decompensation, and other similar symptoms, and patients are submitted to incorrect treatment because of a faulty diagnosis. All patients who present cardiac disturbances should be very thoroughly studied for other evidences of increased thyroid activity before being tagged with a diagnosis of heart trouble and subjected to treatment which may result in harmful effects.

On account of constitutional symptoms, patients with toxic diffuse goiter may be diagnosed cancer, diabetes, tuberculosis, nephritis, or other more far-fetched diseases when a careful examination with accurate history of the complaints and their sequence would help to clear up the diagnosis.

It is not within the scope of this paper to discuss all diseases and conditions which might become confused with some type of goiter, thus necessitating a differential diagnosis, but it is hoped that those discussed will bring out the point corroborated by the opinions of many investigators, that whenever the question of thyroid disease is considered, a cautious and thorough investigation is of elemental and vital importance.

#### Treatment.

**MEDICAL.** Non-toxic diffuse goiter, in itself, should need no medical treatment, and only in occasional cases does it become surgical. Iodine feeding, however, has been recommended for the prevention of the condition in children in areas where it is prone to develop. Non-toxic nodular goiter should need no medical treatment, and particularly should not be given iodine. Toxic nodular goiter is surgical and not medical. If it is associated with toxic diffuse goiter, however, iodine administration will be beneficial. Toxic diffuse goiter is medical in that Lugol's solution is essential in the preparation of patients for operation, and during the post-operative care. In the control of cardiac complications, particularly auricular fibrillation and decompensation, either before or after surgery, the use of digitalis has been discontinued by Plummer, unless decompensation persists in spite of other treatment. Lugol's solution with plenty of rest is usually sufficient to establish the function of the heart on a fairly sound basis. At this point, may

I include three facts given in a spirit of warning relative to the administration of Lugol's solution: (1) Its benefits in toxic diffuse goiter are only temporary. (2) Do not give Lugol's solution in adenoma. They are very susceptible to iodism, and Lugol's may do more harm than good. (3) Be careful of its administration in non-toxic diffuse goiter. Iodism frequently arises with symptoms simulating hyperthyroidism, the very condition that it is desired to relieve.

**SURGICAL.** Pre-operative treatment: Non-toxic diffuse goiter, if it is to be operated, and non-toxic nodular goiter should have the usual pre-operative measures for surgery. In these types of goiter, Buntzen believes that the only indications for surgical treatment are (1) pressure symptoms as caused by the size or situation of the gland, (2) development of malignancy or hyperthyroidism, particularly in nodular goiters, and (3) for cosmetic effect.

Toxic nodular goiter, not associated with exophthalmic goiter, will probably not respond to iodine, and should be surgically treated as soon after the development of symptoms as the general condition of the patient will permit.

Toxic diffuse goiter alone, however, presents a different problem. The symptoms produced by this type of goiter should be attacked with Lugol's solution in ten minim doses three times daily for a period of from seven days to two weeks before operation, or until those symptoms are well under control, and the patient has been reduced to the simple hyperthyroid state. A certain amount of daily rest is necessary, but care must be taken not to make the patient bed-ridden, unless the severity of the symptoms warrants it. A quiet environment, absolute rest in bed for severe heart complications, and a high caloric diet are preferable in the pre-operative treatment of this type of goiter.

Operative treatment: The earlier procedure of ligations, hot water injections, and multiple operations have been largely replaced by the more rational procedure of sub-total thyroidectomy with the proper pre-operative and post-operative care. In toxic diffuse goiter, however, it is sometimes necessary to vary from the usual rule. This is well illustrated in a statement made by Rankin, "The only indications which I recognize for multiple stage operations are: (1) an extremely bad risk which obviously is the result of longstanding hyperthyroidism or generalized constitutional ailments, (2) local cause, such as a large goiter deforming the trachea and causing obstruction, and (3) cases in which operation has to

be abandoned after resection of one lobe because of some technical complication. Such technical complications might include injury to the nerves, hemorrhage, or some other sudden change in the condition of the patient which would lower the surgical threshold of safety. Many men believe that X-ray therapy should not be included in the treatment of any type of goiter, as the results are none too promising, and the scarring produced interferes with the ease and success of later operation.

Many goiters that become surgical require essentially the same operative treatment, although in nodular goiters, excision of the nodules may be all that is required or advisable. It is now generally believed that an amount of thyroid tissue equal to one-half to one-third of a normal lobe should be left on each side. The surgical technique and individual variations will not be discussed here, but a word about anesthesia might not be amiss. A combination of infiltration and sodium amytal is preferred by many, with pre-operative morphine and scopolamine. Some prefer infiltration, supplemented by gas. It is quite widely believed that deep anesthesia, such as produced by ether, is not only unnecessary, but dangerous.

**Post-operative treatment:** After operation, the patient should be returned to his room as soon as possible, and placed in a semi-sitting position, when they are able to maintain it. Oxygen inhalation, in cases of cyanosis, pulmonary edema, or respiratory embarrassment is quite effective. In patients with toxic diffuse goiter, Lugol's solution to the extent of fifty minims by proctoclysis should be given as soon as the patient is returned to bed. The following day ten minims should be given, and should be continued over a suitable post-operative period. Fluids as soon as tolerated, a soft diet the day after operation, followed in a few days by a light diet, is the usual routine. Opiates are usually not required for the first twelve hours if amytal has been used, but there is no contra-indication to their use. The patients should be allowed to become ambulatory as soon as their strength and condition will permit. It is well to have the patient return for examination after the first three months, and again at the end of six months after being dismissed.

### Summary.

1. An attempt has been made to cover enough of the literature and to record it in this paper, so that the general consensus of opinion regarding goiter might be presented.

2. The history of the thyroid gland in its relation to disease has been recited.

3. The embryology, anatomy, physiology, and endocrinology of the thyroid gland have been discussed.

4. The newer classification of goiter has been explained.

5. The symptoms, signs, and diagnosis of the various types of goiter, along with the differential diagnosis has been entered into in detail.

6. Medical and surgical treatment have been elaborated upon.

### Conclusion.

In conclusion, may I say a word concerning the prognosis of thyroid cases that come to surgery. Thyroid surgery is not dangerous surgery when it is undertaken after thorough routine preparation and with routine technique such as can be developed in organized groups. When, however, this type of surgery is done as casual surgery, such as the surgery of hernia, appendicitis, and so forth, and without organization for its management, the results will not be favorable. When carried out in adequate manner, there are few surgical maneuvers that result in more striking results and more complete relief than those of thyroid surgery.

I wish to take this opportunity to express my appreciation to Dr. Geo. W. Crile for his co-operation by the loan of the motion picture which enhances the attractiveness of this paper. He has, as always, been ever ready to help along the younger and less experienced man.

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### THE SCHOOL-CHILD'S BREAKFAST.

Many a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental" breakfast of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school. A happy solution to the problem is Pabulum, Mead's Cereal pre-cooked and dried. Six times richer than fluid milk in calcium, ten times higher than spinach in iron, and abundant in vitamins B and 'G, Pabulum furnishes protective factors especially needed by the school-child. The ease with which Pabulum can be prepared enlists the mother's co-operation in serving a nutritious breakfast. This palatable cereal requires no further cooking and can be prepared simply by adding milk or water of any desired temperature. Its nutritional value is attested in studies by Crimm et al who found that tuberculous children receiving supplements of Pabulum showed greater weight-gain, greater increase in hemoglobin, and higher serum-calcium values than a control group fed farina.

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# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules  
of the Council on Pharmacy and Chemistry of the American  
Medical Association.

All communications to this Journal must be made to it exclu-  
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## EDITORIAL

### THE BLACK WIDOW.

Whether this "deadly female," so-called be-  
cause of the habit of eating its mate, is actually  
on the increase or not is unknown. However,  
the spider is receiving an unusual amount of pub-  
licity at this time, reports of individuals bitten  
appearing in the press daily.

The generally accepted official designation is  
*Latrodectus mactans*, while other popular names  
are the "hour-glass" spider and the "shoe-but-  
ton" spider. With a shiny, coal-black color, ac-  
centuated by a brilliant orange or red "hour-  
glass" spot on the ventral surface of the abdo-  
men, often a half-inch long when grown, and ca-  
pable of stretching its legs over two inches, it is  
impressive in appearance. The abdomen resem-  
bles a "shoe-button" and is attached to the head  
and thorax by a pedicle. The male is marked  
with four marks along each side of the abdomen  
in addition to the hour-glass marking of the fe-  
male. Widely found throughout the southern  
United States, it exhibits a preference for damp  
spots, as around old stumps, in holes and around  
houses. Hatched in the spring, they mature in  
late summer, live through the winter to lay their  
eggs the following spring and die during the  
coming summer months.

All investigators agree that the bite is very  
dangerous, although not necessarily fatal. En-  
trance of the venom into the lymph or blood ves-  
sels may conceivably result more seriously than  
when only the outer layers of the skin receive the  
poison. A further contributing cause in non-  
fatal cases may be exhaustion of venom from  
previous bites. Children seem to be more seri-  
ously affected than adults.

Symptoms may last but a few hours or may  
continue for several weeks, terminating in death.  
The mortality in the reported cases is about 6%.  
Of special interest are the studies of Blair, who  
permitted one to bite him and recorded his per-  
sonal observation of the effects. Although mak-  
ing a complete recovery, some of his symptoms  
persisted for 10 days. His study indicates that  
stages in the process are present, of which the  
second, or stage of vascular dissemination, is the  
most painful and critical.

The presenting symptoms may lead to confu-  
sion in diagnosis from similarity to other condi-  
tions. The patient may be in profound shock,  
with abdominal rigidity and leucocytosis, quite  
suggestive of an acute abdomen with peritoneal  
irritation. The immediate sensation following the

bite is of a severe bee sting. The characteristic symptoms of painful cramps in the legs, later followed by contractions of the abdominal musculature, occur within a few hours.

Incision and suction of the bite area as in snake bite may be helpful if immediately applied. Treatment is, to a considerable extent, symptomatic, attention being directed to the relief of pain. Treatment suggested<sup>1</sup> consists of morphine and sedatives for the relief of pain and cramping. The specific recommendation is the intravenous injection of 20 c.c. of 10% magnesium sulphate solution. The drug should be cautiously employed in this strength as respiratory depression may result. Immersion in hot baths appears to favor elimination, and for the same reason, catharsis may be of help.

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<sup>1</sup>J. A. M. A., 104 (May 18, 1935), 1790.

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### "DOCTORS, PATIENTS AND THE STATE."

Dr. John A. Hartwell, Chairman, Medical Advisory Committee of the Emergency Relief Administration, fairly presents this subject in the July issue of *Harpers*. Written by a physician and appearing in a quality magazine, this article may definitely formulate an opinion that the medical profession is inclined toward defeatism, as such is the general tone of the author's discussion. He considers the present times abnormal and further appears to believe that organized medicine will be hurried into some politically-devised scheme for medical care, rather than be permitted to work out its own plan.

The now bromidic reference to the knowledge of free medical care obtained by the soldier during the World war and his subsequent success in maintaining this service for his benefit in peace time ignores the fact that these same soldiers received food and clothing in a similar way. We submit that it is fully as logical for a paternalistic government to continue to feed and clothe this particular group as it is to provide them with free medical attention.

We are compelled to differ with Dr. Hartwell, being of the firm opinion that any system which destroys the initiative of the individual practitioner is doomed to failure. We do not believe that either the public or the physicians will favorably view socialistic tendencies in medical practice. We quote from the report of the Bureau of Medical Economics of the American Medical Association to the House of Delegates at Atlantic City: "Since solutions of social questions and panaceas for economic evils are for the most part wishful thinking, which, when an attempt is

made to apply them in practical life, give disappointing results, the question arises as to where progress is most easily possible and is likely to be most promising of results. That progress will be gradual—one step at a time. There is no other kind of sane progress—no sudden jumps, and least of all in social changes. Institutions, traditions and the human beings that are products of thousands of years of gradual evolution are stubbornly resistant to change. This is no less a truism than the one that says that the only constant thing is constant change. Whatever changes take place will consist primarily of new arrangements of things now existing." To this the medical profession of America subscribes.

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### EDITORIAL COMMENT

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Members are advised that the benefits of the U. S. Employees Compensation Commission are available in cases arising out of traumatic injury to an employee of the World's Progress Administration while such employee is engaged in the performance of duty for which he is receiving security payments. The Commission has adopted special regulations for the application of these benefits to these workers which can not be quoted in detail here. All physicians are urged to exercise proper care in preparing the reports and vouchers as prescribed for these injuries. Failure to do so will jeopardize the claim or unduly delay its payment. The special regulations are essentially the same as those in effect during the Civil Works Administration program and call upon Federal medical facilities to furnish the necessary professional care where possible. Where Federal facilities are not available, or inadequate, it is authorized to make arrangements for medical care by private physicians, graduates of recognized medical colleges, with the degree M. D., and licensed to practice in the state. These physicians are to receive fees at a rate not in excess of the minimum charge prevailing in the community for similar services. It is contemplated that these compensation cases will be distributed among physicians in as equitable a manner as possible, a cumulative list being kept to show the number of cases referred to each physician. Local advisory committees are now urged to contact the local directors with reference to this program, offering their assistance and arranging for conferences in the event of misunderstandings.

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The message from the President of the Woman's Auxiliary to the Arkansas Medical Society appearing in this issue deserves the careful con-



sideration of every member of this Society, and in particular, the attention of county society officers. These enthusiastic Auxiliary members offer us a willing, potent force for the advancement of ethical, organized medicine. They are able to speak softly where whispers carry better than shouts; they have preferred entrance in circles where organized medicine must maintain a constant entente cordiale. We have not realized the power of this Auxiliary; let it not be said that this offer of earnest co-operation was not most eagerly accepted.

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## OBITUARY

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JOSEPH PALMER SHEPPARD, aged 60, of Little Rock, was killed in an auto accident near Pine Bluff on July 21st. Born April 6, 1875, at Columbia, Tennessee, his preliminary education was obtained in the schools of that city and at Kelley's private school. Graduating from Vanderbilt University Medical School in 1900, he moved to Little Rock shortly afterward. He was married to Miss Elizabeth Rutherford Denison, who survives him, in 1905. From 1906 to 1916 he served as superintendent of the Pulaski County Hospital and was for a number of years Secretary of the State Board of Health. He was formerly Professor of Genito-urinary Diseases at the College of Physicians and Surgeons. A member of the county and state medical society, he was also affiliated with the Southern Medical Association, the American Association of Railway Surgeons, various Masonic bodies, the Elks lodge, the Little Rock Country Club and the Presbyterian Church.

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HARRY HERR SMILEY, aged 60, Texarkana, died suddenly August 20th. Dr. Smiley graduated from the University of Missouri School of Medicine in 1901 and had practiced in Texarkana for 31 years. For a number of years he served on the staff of the Cotton Belt Lines Hospital, being Chief Surgeon when he resigned to enter military service during the World War. He served in France and was discharged with the rank of captain. Following the war, he was medical officer with the Texarkana Sub-district of the Veterans Administration for a number of years. He was married to Mrs. Jodie Williams Read in 1921, who, with their daughter, survives him.

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## PROCEEDINGS OF SOCIETIES

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The Southeast Arkansas Medical Society met at Monticello July 19th for the following program: "Treatment of Acute and Chronic Arthritis with Amelioratory Splints," Guy A. Caldwell, Shreveport, and "Radiological Treatment in Pelvic Disorders" and "The Technique of Measuring Roentgen-Rays," S. C. Barrow, Shreveport. Little Rock physicians in attendance were: Joe F. Shuffield, W. V. Newman, S. C. Fulmer, E. H. White, Alan Cazort and D. T. Hyatt. The next meeting will be jointly held with the Fourth Councilor District Medical Society at McGehee on August 19th.

A. M. GIBBS, Reporter.

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The Arkansas County Medical Society met at Stuttgart July 9th for the following scientific program: "The Advancement in the Prevention and Treatment of the Acute Infectious Diseases," John M. Compton, and "Hemolytic Jaundice," Geo. V. Lewis, both speakers of Little Rock.

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The Ouachita County Medical Society was addressed at its July meeting by J. J. Baker, "The Physician and Surgeon in Politics;" G. F. McLeod, "Report of Some Cases," and P. M. Smith, "Acute and Chronic Sepsis from Tonsil and Sinus Infection;" all speakers of Magnolia.

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The Southeast Arkansas Medical Society and the Fourth Councilor District Medical Society met in joint session at the Greystone Hotel, McGehee, August 19th for the following program: "Prenatal Care," W. T. Pride, and "Infectious Diarrheas of Infancy," E. C. Mitchell, both speakers of Memphis.

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The American Congress of Physical Therapy will hold two sessions in Kansas City, September 5 to 7 and September 9 to 12. The first session will be an instruction class covering the field of physical therapy. The second event will be the fourteenth annual scientific and clinical convention of the organization. Both of the meetings will be held at the Hotel Kansas Citian, Kansas City, Missouri, and every detail has been arranged to give the busy practitioner and technician a full week of intensive study in physical therapy. There will be symposia on arthritis, fever therapy and short wave, among other subjects, and clinical group conferences in the various specialties. Participation in the activities of the organization is limited to members of the American Medical Association. A registration fee of \$20 for non-members of the organization and \$15 for members will be charged at the Kansas City session. Preliminary programs and information of the meeting may be obtained by addressing the American Congress on Physical Therapy, 30 North Michigan Avenue, Chicago.

## PERSONALS AND NEWS ITEMS

A. A. Blair, Fort Smith, conducted a tuberculosis clinic and addressed the Carroll County Medical Society at Eureka Springs on July 25th.

The following medical officers of the Arkansas National Guard attended the summer training camps of their respective regiments: Stanley M. Gates, Monticello, J. T. Matthews, Heber Springs, and W. R. Brooksher, Fort Smith, with the 206th Coast Artillery (A-a) at Fort Sheridan, Illinois; Howell Brewer and O. J. MacLaughlin, Hot Springs National Park, H. K. Carrington, Magnolia, and H. C. Brooke, Conway, with the 153rd Infantry at Camp Pike; and T. N. Black, Hot Springs National Park, with the 142nd Field Artillery at Fort Riley, Kansas.

John N. Roberts is now associated with G. W. Reagan in the practice of urology at Little Rock.

C. E. Dungan, Augusta, has been appointed a member of the Board of Trustees of the University of Arkansas.

The families of Dr. F. A. Gray, Batesville, D. W. Gray, Searcy, Dr. A. F. Gray, Little Rock, and C. R. Gray, Newport, held a reunion at Heber Springs on July 14th.

W. G. Hodges, Malvern, was host to the State Board of Health at his lodge on Lake Catherine on July 17th. Members present were: F. O. Mahony, J. G. Gladden, Harrison, E. F. McKnight, Brinkley, W. F. Smith, Little Rock, L. D. Duncan, Waldron, and T. J. Wilson, Wynne. Others present were state officials and staff members of the State Board of Health.

The Blytheville Hospital, founded in 1922 by Dr. F. L. Husband, celebrated its 13th anniversary on July 12th.

C. W. Rasco has been elected president of the DeWitt Rotary Club.

Vacationing with their families during August were: F. W. Carruthers, in Alaska; Paul Mahoney, in Long Beach, California; and Homer Scott at Eastern points.

Gordon Hastings, assistant state health officer, received the degree of Master of Public Health cum laude from Harvard University June 20th.

"Epidural Infections of the Spine," by A. D. Cathey, El Dorado, appears in the July Tri-State Medical Journal.

Arkansas physicians who will participate in the American Congress of Physical Therapy, Kansas City, September 5th to 12th, are: Euclid Smith, Hot Springs National Park, who will present a paper, "Underwater Therapy in the Treatment of Chronic Arthritis," and F. W. Carruthers, H. Fay H. Jones, Val Parmley, R. Q. Patterson and Joe F. Shuffield, Little Rock, who will discuss papers.

Drs. J. B. and S. R. Crawford have moved from Little Rock to El Dorado where they have opened offices.

"The Nervous Child" by F. J. Scully, Hot Springs National Park, appeared in Hygeia for July.

W. M. Majors, Paragould, has been elected Commander of the Fourth District, The American Legion, Department of Arkansas.

The Benton and Washington County Medical Societies held their annual outing at Lake Lono, Cave Springs, July 18th, with Dr. and Mrs. E. J. Highfill as local hosts. About 75 physicians and members of their families were present. Dr. H. D. Wood was the speaker of the day and in the business session, the members of Crawford County Medical Society were invited to join the group in 1936.

C. S. Means and family, Fort Smith, spent a vacation in Colorado during August.

C. H. Dickerson, Conway, has recovered from an operation for strangulated hernia performed on July 30th.

"Procedures in Technic in America," by D. A. Rhinehart, Little Rock, appears in the July issue of The X-Ray Technician.

BORN—On August 13th, a son, to Dr. and Mrs. Glenn Johnson, Little Rock. Congratulations!

Drs. A. C. Shipp and J. S. Levy, Little Rock, conducted a tuberculosis clinic at Paragould recently.

Robert Hood, Russellville, has been appointed Deputy District Governor of Lions Clubs.



F. W. Carruthers, Little Rock, took post-graduate work in the Roger Anderson Clinic of Seattle during August.

Drs. Gladden and Owens have moved into their new offices at Harrison.

H. A. Stroud, Jonesboro, suffered painful neck and shoulder injuries July 31st in an automobile accident.

E. L. Matthews, Morrilton, was painfully burned by the explosion of a box of matches July 27.

In attendance at the International Convention of Lions Clubs, Mexico, D. F. during July were: Fount Richardson, Fayetteville; R. B. Robins, Camden, and C. H. Reagan, Marked Tree.

B. D. Luck, Jr., Pine Bluff, is taking post-graduate work at Children's Memorial Hospital in Chicago.

#### THIRTEENTH ANNUAL FALL CLINICAL CONFERENCE OF THE KANSAS CITY SOUTHWEST CLINICAL SOCIETY.

The Thirteenth Annual Fall Clinical Conference of the Kansas City Southwest Clinical Society will be presented in Kansas City, Missouri, October seventh through tenth. The entire scientific program will be presented in the President Hotel with morning, afternoon and evening sessions.

Guest speakers, who will each present two or more scientific subjects, include Dr. Fred Albee of New York City; Dr. John Alexander of Ann Arbor, Michigan; Dr. Wayne Babcock of Philadelphia; Dr. Harlow Brooks of New York City; Dr. Arthur C. Christie of Washington, D. C.; Dr. Alfred Folsom of Dallas, Texas; Dr. Harry S. Gradle of Chicago; Dr. Francis E. LeJeune of New Orleans; Dr. Wm. S. Middleton of Madison, Wisconsin; Dr. M. G. Peterman of Milwaukee, Wisconsin; Dr. Edward A. Schumann of Philadelphia; Dr. Albert Soiland of Los Angeles, and Dr. Cyrus C. Sturgis of Ann Arbor, Michigan.

Scientific papers will also be presented before the General Assemblies by seventeen members of the Clinical Society. In addition, two hours will be devoted, October 8th, 9th and 10th, to Sectional Lectures and Clinics, presented by members of the society. Six sections and two clinics will be presented concurrently on non-conflicting subjects each of these three mornings.

Scientific and Technical Exhibits will be housed on the convention floor of the President Hotel, and will be open to visitors daily.

The Public Meeting will be held Monday evening in the Ararat Shrine Temple. This meeting will be open to the public, with Dr. Harlow Brooks, Dr. Arthur C. Christie and Dr. Albert Soiland each bringing a message of special interest to the laity as well as the profession.

The scientific session of Tuesday evening will be complimentary to the members of the local County Medical Societies as well as all registrants for the conference. Speakers will be Dr. Wayne Babcock, Dr. Harlow Brooks and Dr. Arthur C. Christie.

Each day's Round Table Luncheon will afford an additional opportunity for the doctors to hear informal talks by guest speakers. Tuesday's luncheon will be a testimonial to John Fairbairn Binnie with the address by Dr. Wayne Babcock. The luncheon on Wednesday will be a memorial to Jabez North Jackson.

Wednesday evening's entertainment will include a tour of the Wm. Rockhill Nelson Gallery of Art, which will be complimentary to the doctors and their families.

The women's committee have arranged various features of entertainment, all of which will be complimentary to the wives of the physicians who register for the Fall Clinical Conference. A special registration desk and social calendar will be available for the visiting women on the Mezzanine floor of the President Hotel.

The closing feature of the four days' intensive meeting will be the Alumni Dinners of Thursday evening. An added feature this year will be the Clinical Society Dinner for men and women.

## CORRESPONDENCE

National Hospital,  
Queen Square,  
London, July 16, 1935

Dear Doctor:

Am brushing up on nervous diseases. The staff here are very nice and are excellent teachers. "They know their onions." Have seen diseases of the brain and spinal cord that I never saw before and will probably never see in Arkansas. There are three neurological hospitals in London, of which this is the best known. I believe it has the most outstanding men in English neurology on the staff. This is the hospital where Brown-Sequard, Jackson and Horsley did their famous work on the brain and nervous system. My teacher, Dr. S. A. K. Wilson, described Wilson's disease, is an excellent teacher as well as a good fellow. They have from 125 to 140 brain tumors a year. The mortality is high and they try to keep you from finding out what becomes of the patient after operation. The surgeons seem to be as good as anywhere. Cushing men operate here as well as English-trained men. The Out-patient Department and Clinic are best for study and training. Three Chicago physicians are here but I am the only one from Arkansas. They expect a large number of men from the United States for the conference to be held later this month. The weather is fine, 65 to 80 degrees during the day and cool enough to sleep under a blanket at night. Each day at 3:30 p. m. everything stops for the Englishman to have his tea. They do have good tea but no good beefsteaks, hamburgers, hot dogs or watermelons. You cannot get iced lemonade; only in a few places is ice to be had. The English doctor works from ten to five and they seem to be doing fairly well. They still drive good cars. The panel insurance practice here is not well thought of and it is usually the young physician who has it. He takes it for a few years until he is on his feet. The prices of food and commodities seem to be about the same as in the States, except that you can get a good haircut for twelve cents. But, boy, you pay for everything else. They make no allowances for bald heads. I am glad I came here as I believe it is the best place I have been for post-graduate study. They don't know it all and make mistakes the same as elsewhere. We are all well and expect to be coming back in about four weeks.

Yours truly,

PAT MURPHEY.

## WOMAN'S AUXILIARY PAGE

MRS. D. W. GOLDSTEIN  
Publicity Secretary, Fort Smith

### FALL GREETINGS FROM OUR STATE PRESIDENT.

Dear Auxiliary Members:

All of you, I hope, have had happy, restful vacations and are ready for an active, enthusiastic year of Auxiliary work. The psychological moment for much constructive service is ours for the taking. Our women have brilliantly demonstrated their ability to organize. The spirit of the times holds out to us a challenge that demands intelligent co-operation with each other and the medical profession.

"Study to show thyself approved, a workman that needeth not be ashamed, rightly dividing the word of truth."

Dr. Emil Novak says, "In not a few instances, the intelligence or ignorance of the patient has actually spelled the difference between life and death."

"To know what to do is wisdom;

To know how to do it is skill;

To do the thing as it should be done is service."

Let us consider ways and means to promote health in the home, school and community and bring into closer relation the parent, the teacher and the family physician. As an organization we enjoy a rare privilege and surely the mythical farsighted "Man from Mars" would not hesitate to recognize the importance of our ambitions and ideals. If "the future of the race marches forward on the feet of little children," health will be the measuring-rod that marks the milestones of their progress.

One of the most admirable things about the medical profession is the self-imposed rule against advertising or competitive commercializing of its work. So far is this attitude carried that reputable physicians as a rule "lean backward" in the endeavor to be strictly upright in this respect. We would not have it otherwise, but this attitude does make it difficult to bring properly before the public at large the value of the services of the trained medical man as compared with the host of freak healers and dispensers of nostrums and cure-alls. Hundreds of millions of dollars are spent every year advertising cures and remedies of every degree of merit or lack of merit. Some of these are perfectly all right, most of them are futile, and some are positively injurious. The greater number are money-making enterprises profiting by the ignorance and credulity of an uninformed public.

A fraction of the money spent on doubtful or dangerous methods of attaining health would, if diverted to the support of the legitimate profession and hospitals, health centers and hygienic work sponsored by it, be of untold benefit to all our people. There is the greatest need to educate our folk in matters of health and sanitation. Naturally, physicians are by training and experience best qualified to undertake such a task.

What the physicians might hesitate to do because of the traditions of professional ethics, we can do, and from our intimate knowledge of health needs of the community, we can actively foster all legitimate health movements.

In spite of the numbers of people who visited the displays of organized medicine at the Century of Progress in Chicago, there are millions of people who have never even heard of them. It should be the task of the Women's Auxiliaries to the medical associations to spread the lessons that such displays represent. What the individual can not do, a society is well equipped to do. We should do everything possible to foster and advance the health and physical well-being of our people.

There must be, not only a steady support of the medical profession, but a constant vigilance in guarding the purity of the food, drugs and medicines, and in preventing the occurrence of unsanitary, unhygienic conditions that breed disease. Money spent to eliminate pellagra, hookworm, fever epidemics of various kinds, diphtheria and other contagious and infectious diseases, is the most profitable investment that a community can make. The eradication, as far as possible, of the organic diseases which take such terrible toll of human life, through early diagnosis and treatment, the reduction to an absolute minimum of the infant and maternal death rate, and organized care and supervision of the health and nourishment of school children; these are aims the accomplishment of which should be our inspiration and watchword.

As your servant-in-chief do not hesitate to call on me for any information or assistance that I may be able to give you.

MRS. MARCUS T. SMITH, President.

The regular semi-annual meeting of the Auxiliary to the Medical Society of the 9th Councilor District met at Mountain Home, Arkansas, on June 4th.

The ladies visited the Mountain Home hospital, which was quite interesting as it was the first visit to Mountain Home for most of the ladies. Then they were driven to the beautiful suburban home of Mrs. Max Adamson, who was a very gracious hostess for the afternoon. The meeting was called to order by the President, Mrs. A. L. Carter of Berryville. There were four guests, Mrs. E. M. Gray, Mrs. Noel Copp, Mrs. J. K. Morrow, and Miss Christine McCurry. Hygeia Chairman, Mrs. D. K. McCurry, reported three Hygeias sold since last meeting. The secretary, Mrs. J. H. Bohannon, of Berryville, tendered her resignation, which was accepted and Mrs. D. K. McCurry of Green Forest was elected to fill the vacancy.

Mrs. A. L. Carter gave a very interesting report of the state meeting at Fort Smith, urging all members to attend these meetings when possible. All members took part in a general discussion of future plans for the Auxiliary work. The business meeting then adjourned to meet in Harrison, Arkansas, December 3, 1935.

After a social hour the ladies were then returned to the hospital where the medical meeting was held. Some remained for the banquet in the evening which was served by the Baptist ladies. All voted a very pleasant day spent in Mountain Home.

MRS. D. K. McCURRY, Secretary.



## BOOK REVIEWS

**New and Nonofficial Remedies, 1935.** Containing Descriptions of the Articles Which Stand Accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1935. Cloth. Price, \$1.50. Pp. 510. Chicago: American Medical Association, 1935.

In this book the Council on Pharmacy and Chemistry lists and describes the medicinal preparations that it has found acceptable for general use by the medical profession. A glance at the list of the Council members and the long list of consultants appearing in the first part of the book gives ample warrant for the authority of the Council's selections.

Not only does the Council "accept" new preparations but from time to time it omits those which have been accepted but which have not with the lapse of time upheld their original promise of therapeutic merit. The list of omissions for 1934 shows that the Council has been mainly concerned in this respect with *B. acidophilus* preparations and with antiseptics. Several preparations of each class have been omitted. The list of additions does not reveal the presence of any preparation that promises to be epoch making in the sense that insulin was, for instance. However, the following newly accepted preparations are noteworthy: Carbarsone, an arsenical used chiefly in the treatment of amebiasis (the Council published a special report on this drug, supplementing the preliminary report of 1932); Hippuran and Diodrast, two different types of urographic contrast mediums; Carotene, the precursor of vitamin A; Dilaudid, a substitute for morphine; Neo-Synephrin Hydrochloride, which has a number of advantages as a vasoconstrictor over synephrin tartrate; and Diothane, which represents a type of local anesthetic entirely different chemically from any heretofore accepted for N. N. R.

The description of products containing vitamins A and/or D have been revised to give the potencies in terms of the recently adopted pharmacopeial units, thus bringing some measure of uniformity into this heretofore chaotic field. No doubt the book will be revised next year to conform with the new Pharmacopeia in its entirety.

A valuable feature of the book is the grouping of preparations in classes. Each of these is introduced by a general discussion of the group. Thus the silver preparations, the iodine preparations, the arsenic preparations, the animal organ preparations and the biologic products are each preceded by a general discussion of the particular group. These general articles compare the value of the products included in the group with similar pharmacopeial and other established drugs which it is proposed that these proprietary preparations shall supplement or supplant.

Physicians who wish to know why a given proprietary is not described in New and Nonofficial Remedies will find the "Bibliographical Index to Proprietary and Unofficial Articles not Included in N. N. R." of much value. In this section (in the back of the book) are given references to published articles dealing with preparations that have not been accepted. These include references to the Reports of the Council, to Reports of the A. M. A. Chemical Laboratory and to articles that have appeared in The Journal.

**The Doctor's Bill.** By Hugh Cabot, M. D., Senior Consulting Surgeon, Mayo Clinic. Pp. 313. Price, \$3.00. New York: Columbia University Press, 1935.

The author comprehensively discusses the many prob-

lems of medical practice, contrasting conditions of 1890 and 1930, the change of the population from predominantly rural to predominantly urban and the complexities of modern diagnosis and treatment. Special chapters are devoted to health insurance abroad and compensation and group practice in this country. Group practice is felt to be fundamentally sound. The necessity of American physicians devising a system for the provision of adequate medical care to the family and the individual is emphasized. The criticism of the American Medical Association for taking "a conservative, and at times even a reactionary view" is not well taken in our opinion. The American Medical Association policies are dictated by the membership at large and the record shows, that over a period of years, a conservative view has been warranted. This is an interesting survey of present-day conditions affecting medical practice, one well worthy of study.

**Surgical Clinics of North America:** Issued serially, one number every other month. Volume 15, Number 3. Chicago Number—June, 1935. 239 pages with 119 illustrations. Per clinic year, February, 1935, to December, 1935. Paper, \$12.00; cloth, \$16.00 net. Philadelphia and London: W. B. Saunders Company, 1935.

The new arrangement of these clinics should appeal to all, but especially the general practitioner. Here we find a symposium each month on some interesting and useful subject. The symposium this month is on fractures. It is worthy of the specialist as well as of the general man. In this day when every physician is having to handle or help at some time with these cases, it behooves him to be posted. The symposium is well handled and the description of the Russell treatment of fractured femur is well demonstrated. Head injuries, in this automobile era, is a chapter that all should read and heed. The subject of uterine bleeding is well covered as well as hemorrhage in late pregnancy.

**Methods of Treatment.** By Logan Clendening, M. D., Clinical Professor of Medicine, University of Kansas Medical School, etc., with chapters on special subjects by various authors. Fifth edition. Pp. 859. 102 illustrations. Price \$10.00. Saint Louis: C. V. Mosby Company, 1935.

This book is planned to give an outline of all methods of treatment in internal medicine. This edition, the fifth, brings that outline up to date. Many sections, especially the section on endocrine glands, have been carefully rewritten and modernized. To those who have not read this book on treatment, it is written with the idea of bringing to the general practitioner the latest in therapy in the different diseases. It is written in an endeavor to give the latest information in the easiest and simplest language. It should be on the shelf of every man doing internal medicine. No library is complete without a copy for ready reference.

**Annual Reprints of the Reports of the Council on Pharmacy and Chemistry of the American Medical Association for 1934, with the Comments That Have Appeared in The Journal.** Cloth. Price, \$1. Pp. 135. Chicago: American Medical Association, 1934.

Each succeeding volume of reports of the Council reveals more of the long and successful fight in the interest of rational therapeutics. The Council is no longer chiefly concerned with noisome proprietaries and yet this latest volume contains reports on such articles as "Vita-Cell," a secret preparation marketed with exaggerated claims, and "Raylos," a shotgun preparation marketed in a way to pro-

mote its ill advised use by the public. Most of the "unacceptable" reports in this volume are concerned with products that may have some merit but are not offered to the public in a way which experience has taught the Council is necessary before a therapeutic agent is acceptable.

To those who have followed the Council's investigation of *B. acidophilus* therapy, the report "Acidophilus Bacillus Liquid-Mulford and Mulford Acidophilus Bacillus Block Omitted from N. N. R." will be of interest. The Council has apparently not yet reached an ultimate conclusion concerning acidophilus therapy, but it has for years held that no product could be expected to be of value unless it could show at least one hundred million viable *B. acidophilus* organisms at the "date of expiration."

The Council also issues preliminary reports, which define the status of new preparations for which the evidence is not yet sufficient to justify their presentation to the medical profession generally. Preliminary reports do not imply rejection but rather postponement of consideration until more evidence is reported by competent investigators.

**Principles and Practices of Physical Diagnosis.** By Paul Martini. Edited by Robert Loeb, M. D., Associate Professor of Medicine, College of Physicians and Surgeons, Columbia University and Presbyterian Hospital, New York City. Pp. 213. Price, \$2. Philadelphia: J. B. Lippincott Company, 1935.

The first section deals with the general methods in physical diagnosis. The second section deals with the respiratory tract, and concludes with a list of the most fre-

quent pathological conditions, tabulating under each heading the particular signs and symptoms. The circulatory system and the abdomen are similarly presented. The fifth section of the book contains an excellent outline for the writing of a case history and a physical examination.

The book is invaluable to any student of physical diagnosis, particularly for its clarity and conciseness.

**A Textbook of Clinical Neurology.** By Israel S. Wechsler, M. D., Professor of Clinical Neurology, Columbia University, New York; Attending Neurologist, Neurological Institute and The Montefiore Hospital, New York. Third Edition, Reset. 826 pages with 162 illustrations. Philadelphia and London; W. B. Sanders Company, 1935. Cloth, \$7 net.

This edition, the third, has been entirely revised and there has been added a chapter on the History of Neurology which is, so far as the reviewer knows, the first attempt at such a thing.

This is an excellent text for the student, neurologist and general practitioner. The illustrations are so apt and the method of eliciting different signs and their application is presented more clearly than in any similar textbook which has come to the reviewer's attention.

Treatment, which is frequently not well presented, is here carefully outlined. Added material on encephalography, tumors of the brain and the epilepsies, which were great additions to the second edition, have been elaborated upon.

It is a book which should be in every doctor's library.

**DOCTOR! You Are Invited to Attend—**

## THE OKLAHOMA CITY CLINICAL SOCIETY'S Sixth Annual Fall Clinical Conference

November 4, 5, 6, 7, 1935

### Sixteen Distinguished Guest Lecturers:

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DR. BARNEY BROOKS, Surgery, Nashville  
Prof. of Surg., Vanderbilt Univ. Hospital.

DR. JAMES T. CASE, Radiology, Chicago  
Prof. of Radiology, Northwestern Univ. Med. Sch.

DR. JOHN R. CAULK, Urology, St. Louis  
Prof. of Clin. G-U Surg., Washington U. Sch. of Med.

DR. MAX CUTLER, Surgery, Chicago  
Tumor Clinic, Michael Reese Hospital.

DR. PALMER FINDLEY, Gynecology, Omaha  
Attending Gyn., Swedish Mission & Methodist Hosps.

DR. FREDERICK J. GAENSLER, Orthopedics, Milwaukee—Prof. of Orth. Surg., Univ. of Wis. Med. Sch.

DR. CLIFFORD G. GRULEE, Pediatrics, Chicago  
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DR. RUSSELL L. HADEN, Internal Medicine, Cleveland  
Chief of Medicine, Cleveland Clinic.

DR. JAMES S. McLESTER, Internal Med., Birmingham  
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Prof. of Ophthal., Univ. of Iowa Sch. of Med.

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Head of Dept. of Derm. & Syph., Mayo Clinic.

DR. FRED W. RANKIN, Surgery, Lexington, Ky.  
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Prof. of Anesthesia, Univ. of Wis. Med. Sch.

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# Membership vs. Fellowship

There is considerable confusion relative to **Membership** and **Fellowship** in the American Medical Association.

A member of a county medical society automatically becomes a member of the State Society and the American Medical Association but not a Fellow of the American Medical Association. To become a **Fellow** of the A. M. A., he must make **special** application and pay to the American Medical Association the annual dues of \$7.00.

Only 368 of the 1,062 members of the Arkansas Medical Society were Fellows of the American Medical Association at the time of the Atlantic City meeting. It is the hope of the officers of the Arkansas Medical Society to increase the percentage of Fellows by the time of the Kansas City session in 1936.

**Only Fellows may register** or take part in the annual meetings of the A. M. A.

## American Medical Association

535 North Dearborn Street, Chicago

### Application for Fellowship

\_\_\_\_\_, 193\_\_\_\_\_

I hereby make application for Fellowship in the AMERICAN MEDICAL ASSOCIATION and subscribe for The Journal for one year from date. I am a member in good standing of the \_\_\_\_\_ County Medical Society, a component branch of the Arkansas Medical Society.

N. B.—Seven dollars is deposited with this application, of which amount should I be granted the Fellowship applied for, \$6.00 is to be credited to my subscription for THE JOURNAL. The Fellowship for which this application is made is to be subject to the Constitution and By-Laws of the American Medical Association.

Signed \_\_\_\_\_  
Name in Full

Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

**Qualifications for Fellowship**—The members in good standing of the constituent state and territorial medical associations of the American Medical Association shall be members of the A. M. A.

Any (1) member of this Association, who, on the prescribed form, (2) shall apply for Fellowship and subscribe for The Journal, (3) paying the annual dues for the current year, **shall be a Fellow.**

# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXII

FORT SMITH, ARKANSAS, OCTOBER, 1935

No. 5

## CICATRICAL STRICURE OF THE ESOPHAGUS\*

Lucian H. Landry, M. D., F. A. C. S.  
New Orleans

Cicatricial stricture of the esophagus according to DaCosta<sup>1</sup>, is due to the healing of an ulcer and results from traumatism, chronic inflammation, scarlet fever, syphilis, tuberculosis, chronic ulcer, prolonged vomiting, variola, gout, or from swallowing a corrosive substance or a boiling liquid. Systemic diseases such as typhoid fever, diphtheria and various pyogenic conditions can produce ulceration followed by cicatrization of the esophagus. A foreign body, if allowed to remain too long will cause ulceration and ultimate stricture.

Lye burns are by far the most common causative factor, especially in infants and children, when the solution is mistaken for drinking water or the lye concentrate is mistaken for condensed milk. (Chevalier Jackson was untiring in his efforts in obtaining legislation against the washing powders containing sodium hydroxide and the lye manufacturers to compel them to put a conspicuous poison label on their products.)

There are four points of physiological narrowing of the esophagus<sup>2</sup>: On a level with the cricoid cartilage, where it is crossed by the aorta, where it is crossed by the left bronchus, and where the tube passes through the diaphragm. These points are the most common sites of cicatricial stenosis. According to Chevalier Jackson<sup>2</sup>, they occur in point of frequency, first, at the level of the crossing of the left bronchus, next in the region of the cricopharyngeus, and next at the hiatal level. Macmillan<sup>3</sup> states "that there are twice as many strictures located in the middle third as in the upper part. This is probably due to the protective covering of saliva in the mouth, pharynx and upper end of the esophagus, through which the liquid passes rapidly; there is a normal

slowing up of ingested matter at about the level of the aorta."

Stricture following caustic burns is usually multiple at two or more levels. While Macmillan found that seventy-five per cent of the cases had a tubular stricture involving one-half or more of the lower part of the esophagus, Jackson contends that the strictures are eccentric rather than annular.

Cicatrices large enough to cause dysphagia will result in a dilation of the esophagus above the stricture and this dilation likewise may be eccentric, resulting in a condition simulating a diverticulum, while the esophagus on the gastric side presents an inverted funnel like opening. This has a most important bearing on the treatment, which will be brought out later. In view of the character of the scar, which may be in a hard ridge, or flat and level with the mucosa or even indented, the lumen may be very hard or even impossible to find, even with the use of an esophagoscope. This type of stenosis makes the old method of treatment (blind bouginage) very dangerous and has even resulted in death from perforation with subsequent mediastinitis. (Twenty to thirty per cent mortality.)

### Prognosis

Untreated esophageal stricture with marked stenosis is eventually fatal, the patient slowly dying from inanition. In treated cases, prior to the advent of the X-ray and the esophagoscope, Von Acker<sup>4</sup> gave a mortality of forty to fifty per cent based on a large series of cases. Billroth had a mortality of thirty-eight per cent from 1877 to 1886. Recently, Mosher<sup>5</sup> reported 294 cases from October 1922 to August 1934 with six deaths, a mortality of less than two per cent. With modern means of diagnosis and therapy, the mortality should be negligible, provided diagnosis is made early and adequate treatment is instituted. The sooner the treatment is begun, the shorter will be the duration of the treatment.

### Methods of Treatment

Blind bouginage should be mentioned first and foremost only to be condemned. Even the soft

\* From the Department of Surgery, Tulane University of Louisiana. Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 16, 1935.



elastic gum bougie was condemned over one hundred years ago. In 1831 Fletcher<sup>6</sup> stated: "The best of the bougies which act from the point is that made of elastic gum but stiffened with cold or still further freezing. A firm stricture will turn it back, and, if stiffened too much, it has all the mischief of the common metallic bougie, for its point must be urged and if placed wrong it may thus be drawn anywhere but through the stricture." Trousseau<sup>9</sup> said: "Sooner or later all cases of stricture of the esophagus die of the bougie."

The most unique treatment is credited to Tilley<sup>7</sup> who recommended the injection of one-half to one syringeful of a fifteen per cent alcoholic solution of thiosinamin beneath the skin between the scapulae; he used twenty doses in the course of two weeks.

One of the methods of making a diagnosis of stricture of the esophagus mentioned in Sahli's<sup>8</sup> Diagnostic Methods, is to place a stethoscope over the spine and have the patient swallow water; the sound of trickling of the fluid through the stricture being easily recognizable. According to Meltzer<sup>9</sup> a "squeezing murmur" can be heard as the fluid passes through the stricture." Konecker and Meltzer state that with a relaxed cardiac orifice, a "squirting murmur" can be heard on swallowing. If the squirting murmur can be heard, the squeezing murmur is absent. Swallowing warm fluids seem to make the squeezing murmur more distinct."

Permanent tubage of strictures was practiced by Symonds<sup>10</sup> of Guy's Hospital. A flexible gum elastic tube from four to six inches long was introduced through the strictured area and permanently retained there. The upper end of the tube was expanded into a funnel which rests on the stricture, the lower end had a catheter tip. He has left the tube without removal for two months and longer. Senator<sup>11</sup> of Berlin and Jacobson dilated the stricture with a laminaria tent attached to a string and left in from thirty to sixty minutes. Sponge rubber has been used in the same manner.

Sir Morrell Mackenzie<sup>12</sup> leaves a long permanent esophageal tube in cases of absolute aphagia; the tube is left in for five or six days at a time. Renvers and Waetzoldt also used permanent tubes for weeks and months. Small inflatable rubber bags have been used to stretch the cicatrix<sup>14</sup>. Electrolysis has been advocated by Fort, Guisez, and Boeckel. Billroth used conical shaped rubber bougies filled with shot and quick-

silver. The application of caustics through an esophagoscope has been used with the hope that the stricture would be eaten away.

### The Use of the Bougie With a Guide

The feeding of string in an effort to get beyond the stricture was suggested by Dunham, Mixer, and Mayland. Sippy was also an early advocate of the string guide. With a string guide beyond the stricture, it soon passes through the stomach and into the intestines and cannot be withdrawn. By pulling the string taut, an excellent guide is had over which a bougie can be threaded to follow the course of the string. This method has been strongly emphasized and extensively used by Plummer. Matas<sup>12</sup> read a paper before the Mississippi State Medical Association in 1915 on the treatment of cardiospasm in which he stressed the use and importance of the string guide and retrograde dilation without gastrostomy. The introduction of this method was a big step forward over the old blind passage of a bougie which is now considered obsolete, dangerous and harmful, one that should be relegated to the discard.

Internal esophagotomy has been done, particularly by Trelet<sup>13</sup> and Maisonneuve, and good results claimed, with instruments which are enlarged copies of those used in the urethra. Other authors give this procedure a mortality of twenty-five to thirty per cent.

External esophagotomy was first performed by Goursault<sup>14</sup> in 1773 with reported good results. Tillmans recommended early gastrostomy as early as 1897. In impermeable strictures, a permanent gastrostomy may be a life saving procedure. Matas had such a case in 1889 or thereabout in which an attempt was made to traverse the cicatrized esophagus resulting in perforation and mediastinitis. After a very stormy siege the patient finally survived and is living today doing hard work, having matured nourished solely by means of the gastrostomy.

Abbe's method consisted of using a string saw to cut through a stricture, with a bougie introduced through a gastrostomy held beside the string to make the stricture tense. Rapid dilation by means of rubber capped forceps introduced through a gastrostomy and upward into the stricture has been performed by Loretta<sup>1</sup>, Mickulicz, VonAcker, and Jaffe, but this procedure had a rather high mortality. Glove stretchers have been used for the same purpose. In Tillman's<sup>13</sup> Surgery (1897) it is stated that retrograde dilatation has been recommended by So-

cur, Hagenbach, Kraske, Gessler, Tillmanns and others, while Dennis<sup>14</sup> mentions Richardson, Abbe, Murray, Lange, Franks and Lareta, but credits Schede with being the first to suggest retrograde dilatation through a gastrostomy. The first report of successful retrograde esophagoscopic catheterism was made by Ehrlich in 1897.

W. J. Mayo<sup>15</sup>, writing in the *Journal of A. M. A.* in July 1899, described an operation devised by A. J. Ochsner, in which a gastrostomy is done and a silk thread guide passed through the stricture either retrograde or from above. To this string is tied a double rubber tube which is pulled up from below and made to engage in the stricture; when the tension on the rubber tube is released, it acts as a dilator. As the esophagus dilates, larger sized tubing may be used. This was the beginning of the retrograde bougie with a guide. Gabriel Tucker<sup>6</sup> in a thesis read before the American Laryngological, Rhinological and Otological Society in 1924, presented a magnificent compilation on the subject of cicatricial stenosis, describing his bougies and method of retrograde dilatation with the assistance of the continuous string.

Reginal Fitz<sup>16</sup> stated that the esophagoscope was first made practical by Mikulicz in 1881. This instrument, however, has been greatly improved and only came into general use within the past thirty years.

Esophagoscopic bouginage with various forms of dilators from filiform whalebone to metal or ivory olives of increasing size is the safest and best method where gastrostomy is not done. Jackson and Guisez give preference to semi-soft, flexible fiber bougies, while Mosher<sup>3</sup> uses a bougie with a flexible spiral wire finder under the fluoroscope.

Combined retrograde and peroral esophagoscopy enables Jackson to perforate through the obliterated part of an esophageal atresia to place a string as the first step toward a cure.

### Retrograde Bouginage

I will not attempt to describe Tucker's technic in detail, but will only mention a few of the salient points. Gastrostomy is the first step, not only to be able to feed the patient at once, but also to put the esophagus at rest, greatly reducing the amount of esophagitis and permitting the feeding of string at an early date. If the string cannot pass through the stricture, a bougie may be passed up from below by means of a retrograde esophagoscope through the stricture and into the mouth and a loop of string

attached and pulled down through the esophagus. To this string is tied the special bougie devised by Tucker, care being taken to start with the smallest size (No. 10), gradually building up according to the resistance of the stricture. In the beginning, the bougie is left in place for fifteen or thirty minutes. Dilatations are usually carried out twice a week, care being taken not to step up the bougies too rapidly. The continuous string is left in place until the next dilatation, when a fresh string is substituted obviating the trouble of rethreading the esophagus.

At the Ninth Congress of the International Society of Surgery held at Madrid in 1932, the opening symposium<sup>17</sup> was devoted to surgical consideration of the esophagus. It was stressed by R. Gregoire that real interest in the esophagus from a surgical standpoint has only been manifested in the past thirty years, that is, since the advent of the X-ray and the perfection of the esophagoscope. Jianu<sup>18</sup> of Bucharest, in a very elaborate statistical study embodied in a treatise of 160 pages with a bibliography of 185 references, reviewed 85 cases of major surgical esophagoplasty with only twelve deaths, despite the gravity of the intervention and with sixty-five cures which were classed as excellent. Here are his conclusions concerning esophagoplasty: Intrathoracic esophagoplasty should be abandoned (Mortality seventy-five to one hundred per cent). He considers and describes at length the following methods of procedure and technic. 1. Jejunal esophagoplasty, first described by Tavel and used by Roux in 1907. A loop of jejunum is isolated, one end is implanted in the inferior border of the stomach and the other is fixed on a sound and brought up through a presternal subcutaneous tunnel and anastomosed to the cervical esophagus. (This operation is abandoned today).

2. Cutaneous esophagoplasty: Bircher in 1894 and Wullstein in 1904 tried to make an esophageal pouch of the thoracic skin. Jiano reported eight cures with excellent functional results out of sixteen cases by this method.

3. Esophagoplasty with a gastric tube: This procedure used by Depage in 1903, later by Beck in 1905 and Hirsch in 1911, consists of making a presternal tube out of a portion of the stomach wall. The tube is generally too short and presents great difficulty in establishing an anastomosis with the esophagus. The results are mediocre and the mortality high. (Fourteen deaths in twenty-seven cases studied.)

4. Esophagoplasty by transposition of the



stomach. To avoid the inconvenience of the preceeding operation and above all the necessity of multiple operations, Kirchner had the idea of isolating the entire stomach and making it take the place of the esophagus, anastomosing it with the distal portion of the cervical esophagus. This ingenious procedure, perfected by Ritter resulted in five cures in seven cases.

5. Colon esophagoplasty: Following Wulliet (1911) certain operators tried to reconstruct an esophagus by transplanting the transverse colon. A few cures were reported that were followed for three to twelve years, but more often the results were classed as incomplete.

6. Esophagoplasty—mixed: In all the above procedures despite some successes, obstruction was the rule, on account of the difficulty of creating a tube long enough to obtain an easy anastomosis without special risk. Nearly always it was necessary to substitute a cutaneous tube in places to realize a good suture line. This mixed procedure has become the method of choice since the observation of Lexer (1908).

Churchill<sup>19</sup> laments: "The failure of the patients to regain the function of swallowing after such an elaborate plastic procedure is disheartening."

It was not the intent of this report to give a full historical sketch of the multitudinous varieties of procedures suggested for the cure of cicatricial stricture of the esophagus, but simply to touch a few of the high spots which have preceded the more recent suggestions for the alleviation of this most formidable and distressing condition. We have therefore purposely omitted a complete review of the comparatively recent literature. We do, however, wish to stress the following points in the management of these unfortunates:

1. Treatment should be instituted as early as possible following the accident.

2. The feeding of string should be started early in an effort to avoid complete stenosis.

3. Mild cases may be cured by bouginage with a string guide without gastrostomy.

4. The blind passage of the bougie, that is, without a string guide, is to be condemned.

5. Esophagoscopy is a most valuable and necessary adjunct in the diagnosis and treatment of this condition.

6. Early gastrostomy is indicated not only to prevent inanition, but also to put the esopha-

gus at rest and thereby lessen the extent of esophagitis, which is a decided factor in increasing cicatrization.

7. Retrograde dilatation with a string guide is the safest and quickest method of obtaining a cure, especially in multiple strictures.

8. We do not favor the major procedures of esophagoplasty in impermeable stricture. If the stricture cannot be traversed by combined oral and retrograde esophagoscopy, we would rather depend on a permanent gastrostomy to sustain life.

9. A fundamental point to be remembered in dilating cicatricial strictures, as shown by Chevalier Jackson, is that the scar tissue usually is not annular, and on dilatation the normal wall will stretch indefinitely if done gradually over a prolonged period, whereas on sudden overstretching, the normal esophageal wall will rupture easily.

10. Finally, there is little doubt that with an early gastrostomy, the getting of a string through the esophagus before it closes, and with gentle retrograde treatments, that the vast majority of these cases can be permanently cured.

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## REVIEW OF FOUR HUNDRED AND FORTY-FOUR CASES OF BREAST LESIONS\*

M. J. KILBURY, M. D., Little Rock

One of the best ways to progress in medicine is to study the results that have been obtained over a period of years. During the past year I have reviewed all the case histories of breast lesions at St. Vincent's Infirmary. The review includes all the breast cases treated at the hospital during the past fifteen years. In the time allotted it will be impossible to take up all features of this study; only the salient points will be emphasized.

### Table No. 1:

This table shows the classification of the lesions. You will note that ninety-five were unclassified carcinomata. These were cases entered for X-ray, no tissue being removed for diagnosis. The most frequent malignant lesion is the scirrhus carcinoma, about 45% of the cancers being in this class; the remaining 55% being about equally distributed among the adeno-, medullary and simplex types. There were two cases of sarcoma, two of colloid carcinoma, one of malignant Paget's disease. In this series, carcinoma simplex showed the greatest number of gland metastases, 64%; scirrhus carcinoma is next with 57%. In the benign lesions we find the greatest number, 49, diagnosed as some type of mastitis. Sixty-eight of the cases were classified as some type of adenoma. There were 258 malignant lesions (52.2%) and 186 benign lesions (41.8%).

Each one of the 444 cases has been examined by the pathologist. A section is made and stained during the operation. The microscopic report is given to the surgeon to guide him in the procedure. Permanent sections are then prepared and studied. A complete gross and microscopic report is made by the pathologist. This report is filed with the patient's record.

It has been found that the microscopic study is absolutely necessary for the correct diagnosis of breast lesions in 20% of the cases. It is of definite value in 50% of the cases. During the past seven years the malignant lesions have been graded on a basis of four after the method of Broders.

### Table No. 2:

This table shows the incidence of breast lesions per year, starting with the year 1921 and in-

cluding the year 1934. The greatest number of benign lesions was found in 1924, the greatest number of malignant lesions in 1929. The curves run a similar course. We notice that during the past five years there has been a marked increase in the number of malignant lesions. This is due to the installation of the deep therapy X-ray machine. Many cancer cases have been received from other hospitals for X-ray treatment. During the fourteen years the average per cent of cancer cases has been above 50%. In two years, 1921 and 1928, the percentage was below 50.

Bloodgood stated in a recent paper that when he began to treat breast lesions 90% were cancer and 10% benign. At present he says the condition is reversed, 10% are cancer and 90% are benign. The people in his territory are seeking medical advice earlier and more frequently in cases of benign lesions. This condition is the result of the education of the public. Our study shows that we have no such results. This is not very gratifying. We should have a larger number of benign cases and a smaller number of cancer cases coming to our hospitals. The public in this state has not been sufficiently educated as to the importance of early diagnosis and treatment of breast lesions. Here is a field for a great constructive work by this Society through the agency of the Cancer Committee.

### Table No. 3:

This table shows the incidence of breast lesions as to decades. It will be observed that the first breast lesions appear in the second decade. There are very few cancer cases in the second and third decades. They increase rapidly in the fourth and reach their peak in the 5th. 63 cases appeared in the fifth decade and 61 in the sixth. The benign cases reach their peak in the third decade but maintain the same level through the fourth and fifth decades. The benign lesions drop abruptly in the sixth decade to less than 14%. We observe from this table that a patient over 50 years of age presenting herself with a breast lesion has the chances of nine to one in favor of cancer.

### Table No. 4:

This table presents the most important findings of the whole review. I have charted the average period of onset for the different lesions. The period of onset used here is the period between the discovery of the lesion and time of entrance to the hospital.

We find the average onset in scirrhus carci-

\* Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 16, 1935.



noma 32 months, adenocarcinoma 40 months, carcinoma simplex 16 months. The last lesion evidently produces symptoms earlier than the others. The average onset for malignant lesions is 32 months (2 years, 8 months), for benign lesions 21 months. There are a few cases that have a tendency to raise the average; there are several cases with ten-year histories and two gave more than a forty-year period of onset. However, there were very few giving periods of onset under six months. The average period of onset for all breast lesions is about two years. **It should not be a period of years. It should not be a period of months. It should be a period of days.**

The information on this table offers a grave challenge to the medical profession of this state. Certainly there is some very important work to be done if we wish to make headway in the control of cancer.

It is not enough to advise women to come to their doctor every six months or every year for an examination. There were two cases in this series in which the patients were well educated; one of them had had cancer elsewhere, the other had had a suspicious lesion. They were both cancer-minded and presented themselves to their doctors every six months for examination; they returned to the hospital; both had practically inoperable lesions. They died of cancer of the breast.

Women must be taught to examine themselves frequently and must know more about the nature of cancer and present themselves to their doctor if they observe any abnormality of the breast. These results show that people in this state should be further enlightened regarding cancer of the breast if the mortality is to be reduced.

Table No. 5:

This table shows the curves for the periods of onset per year for the benign and malignant cases. During 1924 the average period of onset for malignant cases was 100 months; in this year, however, there were three cases giving very long histories. The curve shows a downward trend during the last five years in which the average has been about 12 months. This result is encouraging. It indicates that patients are seeking relief earlier.

Table No. 6:

This table shows the symptoms given by patients with tumors of the breast. As you will note the symptom of lump in the breast is the chief complaint in 100% of the patients, both

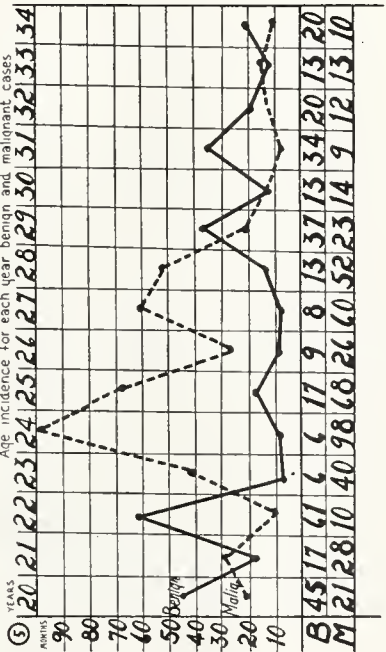
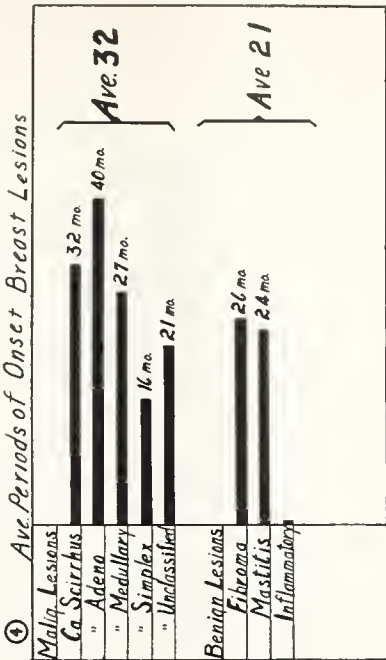
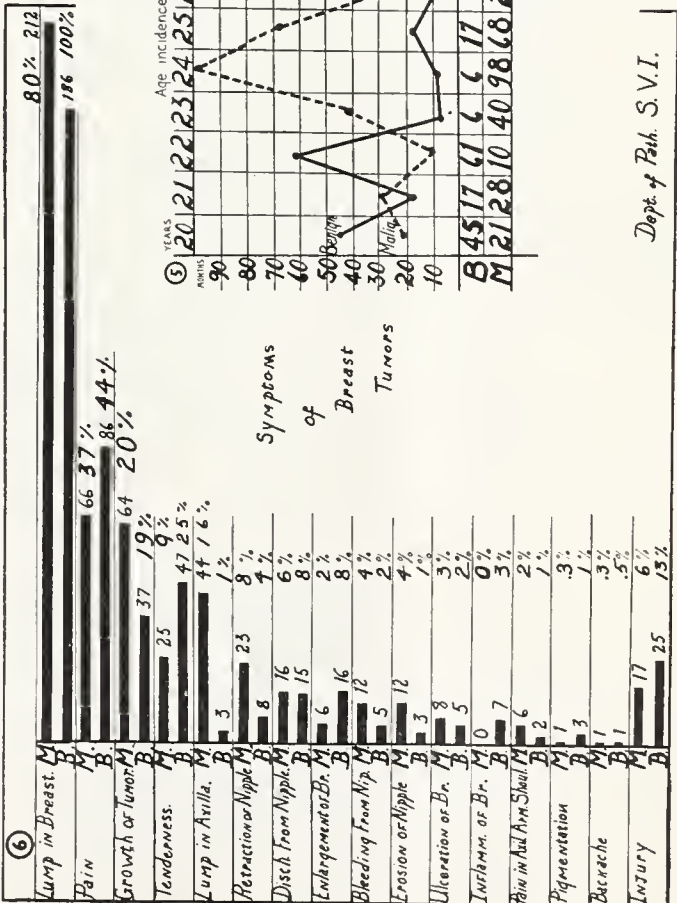
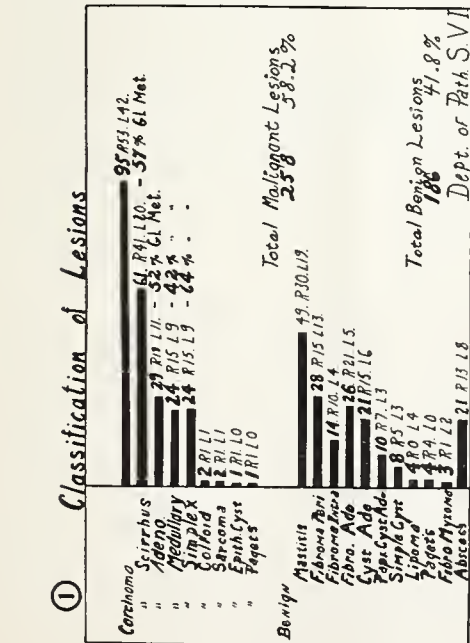
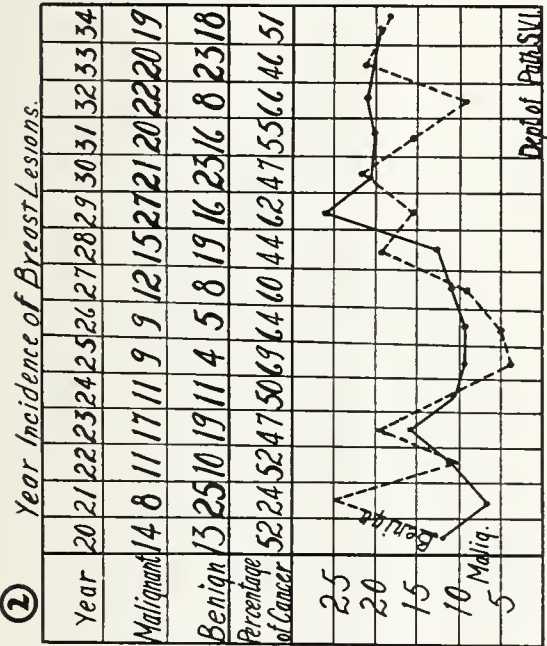
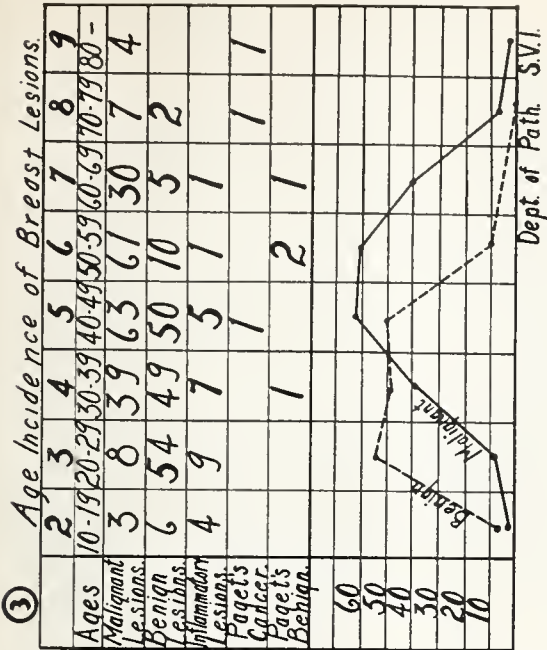
with benign and malignant tumors. Pain is the next in frequency and is found more often in benign tumors than in malignant tumors. The old classical symptoms, dimpling of the nipple, orange peel phenomena, discharge and ulceration are not often found at the present time.

Table No. 7:

This table gives the results based on 156 cases from which we received follow-up letters regarding their condition. I wish to state that letters were written to every case that has been in St. Vincent's Infirmary in the past 15 years, but out of the 444 letters, we received replies to but 156. We should obtain replies from more of these cases. I think that the physician should encourage the patient to answer follow-up letters regarding cancer. We cannot do satisfactory follow-up work with meagre response from our patients. Of the 156 cases, 59 were from benign lesions. They all report cures. Every benign case reported a definite cure. Forty-two cases with malignant lesions are cured; they have remained well for five years and it is quite safe to consider the cases cured. As you will note, there are 11 four-year cures and 5 three-year cures reporting. We probably should not consider them absolute cures at the present time. Seven cases treated by surgery and X-ray are still living but have metastases. Twenty-four cases, having had surgery and X-ray, reported fatal results. Twenty-four cases entered the hospital having had an operation followed by metastases. These cases were treated by X-ray; they are reported dead.

Thirty-one per cent of the cases reporting were benign lesions that are cured. Twenty-seven per cent of the malignant cases reported cures, making 58% of all the cases reporting cures. This work was presented before our Staff at St. Vincent's recently and the surgeons objected to the results, saying they were too good. They were of the opinion that the 156 cases could not be considered as a fair cross section of the whole 444 cases studied. It is quite true that patients who have had a good result are more likely to answer follow-up letters than those who had a poor result.

The information on this table seems to prove that the proper treatment of lesions of the breast is quite satisfactory. Most of the benign lesions removed in time were followed by cures. A very high percentage of malignant lesions will be followed by cure if the patients present themselves early. Early diagnosis and early treatment





should always be in the mind of the physician when dealing with lesions of the breast.

Table No. 8:

The last table shows the summary of the whole study, and is, I believe, self-explanatory.

In conclusion I wish to make the following statement: First, if patients suffering from lesions of the breast seek early medical attention, the chances for cure are very good with our present methods of treatment. Second, benign lesions if properly treated are curable and very few return with malignant lesions. Third, the greatest lesson learned from the study of these cases is that the public in this vicinity should be more thoroughly educated concerning cancer of the breast. Fourth, women in the cancer age must become cancer-minded and must be taught to present themselves early to the physician when they notice any abnormality of the breast.

RESOLUTION OF RESPECT.

WHEREAS, It has been the will of our Heavenly Father to call from us, in death, our faithful and esteemed Brother (Member), Dr. Robert Lee Little, and

WHEREAS, On account of his ability and faithful service which he exercised while so long a member of our Society, therefore

BE IT RESOLVED: That we, as a body, deplore his death, and that we express, in this way, our appreciation of his patience, ability, and untiring service to our Society which he has so ably rendered in many different capacities.

BE IT ALSO RESOLVED: That we extend to his family and loved ones our deepest sympathies, and that we commend them to Him who doeth all things well.

BE IT FURTHER RESOLVED: That we send a copy of these resolutions to his family and to the Arkansas Medical Society, and that a copy of same be placed on the Minutes of this meeting of the White County Medical Society.

W. R. FELTS,  
SAM J. ALLBRIGHT,  
Committee.

TABLE NO. 7.

156 Cases	Results	Follow-Up Letters Answered
Benign Lesions 59 Cases	Malignant Lesions 42 Cases	Malignant Fatal 24 Cases
5-15 Year Cures 2-14 Year Cures 2-13 Year Cures 8-12 Year Cures 3-11 Year Cures 1-10 Year Cures 4- 9 Year Cures 2- 8 Year Cures 4- 6 Year Cures 12- 5 Year Cures 11- 4 Year Cures 4- 3 Year Cures	1-14 Year Cures 2-12 Year Cures 3-10 Year Cures  3- 8 Year Cures 1- 7 Year Cures 7- 6 Year Cures 9- 5 Year Cures 11- 4 Year Cures 5- 3 Year Cures  Ca. Simplex Ca. Medullary Ca. Schirrhous Ca. Adeno Ca. Colloid Sarcoma 7 Surgical and X-ray Cases Living With Recurrences 1 Living 2 Years After Operation 4 Living 3 Years After Operation 1 Living 4 Years After Operation 1 Living 8 Years After Operation	7 Surgery and X-ray Died Within 1 Year 7 Surgery and X-ray Lived 1 Year 7 Surgery and X-ray Lived 2 Years 1 Surgery and X-ray Lived 3 Years 2 Surgery and X-ray Lived 4 Years Ca. Scirrhus Ca. Adenoma Ca. Medullary Ca. Simplex  Malignant Cases 24 X-ray Treatment 9 Died Within 1 Year 9 Lived 1 Year 3 Lived 2 Years 1 Lived 3 Years 1 Lived 8 Years 1 No Treatment  Benign Cases Cured Malignant Cases Cured
Pagets Papillary Cyst Ad. Simple Cyst Cystadenoma Mastitis Fibromata	1 3 3 7 20 25	9-4 Gl. 4-4 Gl. 2-2 Gl. 8-4 Gl. 58  31% 27%

TABLE NO. 8

RESULTS			
No. of Cases Studied.....	444		
No. Answers Follow-up Letters.....	156		35.5%
Benign Cases Cured.....	59	} 101	22.7%
Malignant Cases Cured.....	42		
Using 156 As a Basis—			
Benign Cases Cured.....	59-	38%	
Cancer Cases Cured.....	42-	27%	65%
Living with Metastasis.....	7		4.6%
Fatal Surg. and X-ray.....	24-	15.2%	
Inoperable Cases X-ray.....	24-	15.2%	30.4%
Total No. Malignant Cases.....	97		
Cases Cured.....	42		43 %

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

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(1936); M. C. John, Stuttgart (1938); R. M. Blakely, Little Rock  
(1938).

SCIENTIFIC EXHIBIT—H. King Wade, Hot Springs National  
Park, Chairman (1936); W. E. Gray, Hot Springs National Park  
(1937); H. Fay H. Jones, Little Rock (1938).

ARRANGEMENTS—(Host Society 1936 Session)—H. King Wade,  
Chairman.

AUXILIARY—L. F. Barrier, Little Rock, Chairman (1938); C. S.  
Holt, Fort Smith (1937); W. T. Wootton, Hot Springs National  
Park (1936).

### SPECIAL COMMITTEES

NECROLOGY—W. H. Mock, Prairie Grove, Chairman (1938);  
H. Moulton, Fort Smith (1937); J. M. Lemons, Pine Bluff (1936).

CANCER CONTROL—D. W. Goldstein, Fort Smith, Chairman  
(1937); R. L. Saxon, Little Rock (1936); M. J. Kilbury, Little  
Rock (1938).

MATERNAL WELFARE—E. H. White, Little Rock, Chairman;  
S. B. Hinkle, Little Rock; J. W. Walker, Fayetteville; O. J. T.  
Johnston, Batesville; J. O. Rush, Forrest City; P. H. Phillips,  
Ashdown; E. C. McMullen, Pine Bluff; H. C. Dorsey, Fort Smith.

POST-GRADUATE STUDY—Frank Vinsonhaler, Little Rock, Chair-  
man; D. A. Rhinehart, Little Rock, Vice-chairman; Joe F. Shuf-  
field, Little Rock, Secretary; H. A. Stroud, Jonesboro; O. J. T.  
Johnston, Batesville; M. C. John, Stuttgart; E. E. Barlow, Der-  
mott; R. B. Robins, Camden; A. S. Buchanan, Prescott; Euclid  
Smith, Hot Springs National Park; B. L. Robinson, Little Rock;  
S. C. Fulmer, Little Rock; H. W. Hundling, Little Rock; J. H.  
Fowler, Harrison; J. A. Foltz, Fort Smith.

## EDITORIAL

### FOOTBALL INJURIES

With continued growth in the popularity of  
football both for the players and spectators,  
there is increased interest in the injuries which  
appear to unnecessarily accompany the game.  
The sport has been modernized and streamlined  
and is now attended with an entirely different  
type of injury than those which were met in for-  
mer years. The lighter equipment so essential  
to the open game has brought an increase in  
hematomas and muscle injuries. Too, the de-  
velopment of blocking has introduced an ele-  
ment most productive of injuries. Tackling ranks  
next to this maneuver, while being blocked is  
third in the list of causes of injuries. The low  
tackle is especially the dangerous tackle, being  
liable to lead to severe head injury from impact  
with foot or knee. Reviewing the literature and  
his personal experiences, Landry<sup>1</sup> finds that head  
injuries are always due to blocking, being blocked  
or line defense.

Of further interest is the third Eastwood sur-  
vey<sup>2</sup> which shows that while the natural hazards  
of the game are still the major cause of all acci-  
dents, many of the most severe injuries and  
27.8% of the total injuries could have been  
avoided. The principal preventable casualties  
were those due to administrative control, as in-  
adequate coaching, poor playing fields, and the  
like.

To medical men this survey brings the particu-  
larly interesting observations that a complete  
medical examination during pre-season training  
gives the fewest accidents and that colleges  
having a physician constantly in attendance  
showed the fewest accidents and days lost. Too  
little importance has been placed on the de-  
sirability of medical supervision, the immediate  
result of which has been to place in the hands  
of coaches, trainers and well-meaning but un-  
qualified persons the care of the potentially se-  
rious injuries to which the player is peculiarly  
liable.

To the younger men the opportunity to enter  
an uncrowded specialty is afforded by the in-  
creasing public enthusiasm in the gridiron game,  
a specialty attended with the excitement so dear  
to America, yet a specialty which stimulates the  
professional man to the study of its distinctive  
therapeutic problems and one which is doubtless  
unrivaled, unless it be by pediatrics, in the grati-  
tude of patient and friends.

<sup>1</sup> Landry, L. H. Injuries Peculiar to Modern Football. *Am. J. Surg.*, June, 1935, 28, 601-612.

<sup>2</sup> Associated Press, Chicago, Dec. 26, 1933.



## SOCIAL SECURITY ACT

In common with a large percentage of our population, the American medical profession is interested in the Social Security Act as recently passed by Congress. Among the provisions of the Act are appropriations of \$8,000,000 to the various states for public health service, \$3,800,000 for maternal welfare and child health, and \$2,850,000 for crippled children. It is but natural that organized medicine should be wary of the expenditure of these funds, no matter how commendable the objectives. The first year's appropriations provide a considerable sum for the training of personnel to later administer the provisions of the Act. The employment of full-time units to provide prenatal, infant and pre-school assistance, school health services, services to children and mothers is a subject deserving of careful and studious consideration by the Social Security Board, but particularly does organized medicine need at this time to survey its own facilities and determine just wherein there exists the need for these services, services which by the very nature of things, will compete with present available services of private physicians in numerous instances. Due to lack of appropriation it is not probable that the provisions of the act will be placed in effect earlier than the spring of 1936, yet now is the time for study of the matters which are involved. Organized medicine may well expect the thoughtful consideration of the members of the Social Security Board, but organized medicine should be prepared to authoritatively express itself on such plans as may be placed in effect.

## EDITORIAL COMMENT

We are of the opinion that the medical relief payments provided by the Emergency Relief Administration of Arkansas will be discontinued on November first. This is in accordance with other curtailments in relief activities by the national government and appears predicated upon the assumption that the emergency for which this plan was devised has about terminated.

We cannot regard this but as a blessing. The difficulties connected with the practice of medicine under lay supervision, and, in many instances, lay control, do not suggest the desirability of permanently continuing this mode of practice.

Doubtless the administration will assume that the state will by that date be in a position to

provide medical care for its unemployable citizens from the proceeds of sales taxes. As yet there has been no expression from the authorities relative to the provision of medical care under the public welfare committees. We most seriously doubt the advisability of making overtures to provide such medical services, subject to outside influence and, no doubt, under reduced fee bills. Organized medicine owes a duty to itself and to its membership of maintaining a solidarity in opposition to lay or governmentally-directed medical services, a unity which cannot be held where the private practice of medicine is hampered by lay influence and uneconomic fees.

## PROGRAM FOR THE SOUTHWESTERN BRANCH OF THE AMERICAN UROLOGICAL ASSOCIATION NOVEMBER 15th, 16th, 1935 Little Rock

The Best Surgical Approach to the Kidney—Dr. H. McClure Young.

Nephropexy and Its Critics—Dr. Bransford Lewis.

Suction Treatment of Undescended Testes and Subnormally Developed Penises—Dr. Edgar G. Ballenger.

The Gases Generated During Prostatic Resection With Special Reference to the Cause of the Explosion—Dr. Rex E. Van Duzen.

Prevention of Post-Operative Hemorrhage Following Prostatic Resection—Dr. J. R. Nicholson.

Transverse Urethral Bridging Following Prostatic Resection—Dr. Robert H. Akin.

The Relationship of Renal Calculi to Hyperparathyroidism—Dr. O. W. Davidson.

Alkaline Incrustation of the Bladder—Dr. Sam K. Broyles.

Preventive Measures of Urinary Calculi Formation—Dr. Julius Frischer.

Ureteral Pain. Experimental Studies and Clinical Observations—Dr. Hjalmar E. Carlson.

The Urologic-Orthopedic Viewpoint on the Cord Bladder—Dr. A. D. Munger and Dr. J. E. M. Thomson.

Renal Tuberculosis—Dr. H. Fay H. Jones.

Primary Papillary Tumors of the Ureter; Case Report—Dr. H. A. O'Brien.

Sarcoma of the Prostate—Dr. J. R. Reagan.

The members of the Arkansas Medical Society are cordially invited to hear the program.

## COMING MEDICAL MEETINGS

Kansas City Southwest Clinical Society, Kansas City, October 7-10th.

Second Councilor District Medical Society, Batesville, October 14th.

Oklahoma City Clinical Conference, Oklahoma City, November 4-7th.

Tri-State Medical Society, Texarkana, October 21st-22nd.

The Fall Clinical Conference, Hot Springs, October 15-16th.

Southwestern Branch, American Urological Association, Little Rock, November 15th-16th.

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## OBITUARY

CHARLES WILLIS GARRISON, aged 56, died at Lexington, Kentucky, August 26th, following an illness of several months. Dr. Garrison was born at Bastrop, Louisiana, July 15, 1879, attending public school and Simmons College at Abilene, Texas, and Southwestern College at Georgetown, Texas, before entering the Galveston Medical School. He received his degree from the Memphis Hospital Medical College in 1905, practicing first in Tuscola, Texas, later in Fort Smith. In 1911 he became connected with the Rockefeller Hookworm Commission and was appointed state health officer by the first state Board of Health after the creation of the board in 1913. He continued in this capacity until June 1933, when he entered Columbia University for postgraduate work in anticipation of entering private practice. Ill health forced him to abandon this plan, but after several months, he accepted a position as city health officer at Lexington, which he was forced, in turn, to quit because of a return of his illness. A member of various county, state and national medical organizations, he had served as president of the North American State and Territorial Health Officers' Association in 1931 and in 1924 was a representative from the United States at the League of Nations Health Conference. At the time of his death he was a member of the Tennessee State Medical Association. He is survived by his wife, his mother, two brothers and a sister.

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WILLIAM W. JACKSON, aged 72, died at his home in Jonesboro on September 7th, following an illness of one week. Born in Belleville, Florida, in 1863, he had lived in Arkansas since he was four years of age. Following his graduation from Memphis Hospital Medical College in 1896, he practiced at Bono until his removal to Jonesboro in 1900. The first surgeon to locate there, he performed the first appendectomy in that city and was one of the founders of Saint Bernard's Hospital. He served as city health officer for over twenty years and was formerly a member of the state board of health. In addition to his membership in various medical societies, he was a member of the Methodist Church, the Masonic and Elks lodges.

He is survived by his wife, a daughter and two brothers.

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MORGAN SMITH, aged 67, died suddenly September 14th at his home in Little Rock after an illness of two years. Born in Union County March 8, 1868, he attended the public schools of El Dorado and received his medical degree from the University of Arkansas in 1889. He practiced at Hillsboro until 1896 when he moved to El Dorado, later establishing himself at Little Rock after his graduation from Tulane University School of Medicine in 1904. He first held public office as city physician of El Dorado but later served as Director of the Rockefeller Sanitary Commission in Arkansas, an activity which led to the formation of the present state board of health. He also served as state superintendent of health and as a representative from Pulaski County in the legislative sessions of 1929, 1931 and 1933. Appointed Dean of the University of Arkansas Medical School in 1913, he served until his resignation in 1927 at which time he re-entered private practice. Dr. Smith's interest was in pediatrics and it was under his guidance that the Arkansas State Pediatric Society was organized in April 1935. Active in organized medicine he had served as a county medical society officer, as Councillor from the Fifth District and as State Secretary from 1909 to 1911. It was from this office that he was elected President of the Arkansas Medical Society by acclamation in 1911. Other interests were the Scottish Rite Masonic bodies, the Shrine and the Knights of Pythias, having been grand chancellor for Arkansas of this latter lodge. Surviving relatives are two step-daughters, a sister and two brothers.

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GEORGE MITCHELL ECKEL, aged 50, died at his home in Hot Springs National Park September 17th. A graduate of the University of Texas School of Medicine in 1908, Dr. Eckel had practiced neuropsychiatry in Hot Springs National Park for over 19 years. In addition to his affiliation with state and county medical societies, he was a member of the American Psychiatric Association, the Association for Research in Nervous and Mental Diseases and the Presbyterian Church. He is survived by his wife, a son and a daughter.



## PROCEEDINGS OF SOCIETIES

The Lawrence County Medical Society met with W. J. Robinson, Portia, August 13th. Eugene Rosamond, Memphis, spoke on "Cholera Infantum."

Chas. D. Tibbels, Secretary.

The Sevier County Medical Society met with Dr. C. E. Kitchens at DeQueen September 10th with Drs. Archer and Hanchey presenting the program.

The Tri-State Medical Society will meet in Texarkana October 21st and 22nd. Members of the Arkansas Medical Society are invited to attend.

The White County Medical Society met at Pangburn September 5th for the following program: "Diphtheria," S. J. Allbright, Searcy, and "Presentation of Case of Aneurysm of the External Carotid Artery," J. T. Matthews, Heber Springs. The next meeting will be held at Judsonia on October 3rd.

F. P. Hardy, Secretary.

The Tenth Councillor District Medical Society met at Fayetteville September 10th. Morning clinics were conducted at the Veterans Administration Facility by Drs. Hugh Henry, E. L. Patterson, W. H. Mock, Raymond Sorenson, W. A. Jones and H. D. Wood. Luncheon was followed by "Symptoms and Signs of Heart Disease," S. C. Fulmer, Little Rock; "Getting the Most Good from Your Laboratory" (motion picture), Mr. Henry Read, Fort Smith; and "Some Common Principles in Treating Fractures," J. F. Shuffield, Little Rock. Officers elected were: Fount Richardson, Fayetteville, President; Guy Hodges, Rogers, Vice-president; and L. M. Henry, Fort Smith, Secretary-treasurer. The 1936 session will be held in Fort Smith.

The Craighead-Poinsett County Medical Society met for a fish fry at Jonesboro September 5th with wives of the members as honor guests.

## THE NEUROLOGICAL HOSPITAL

The former Christian Church Hospital and Veterans Hospital building, 27th and The Paseo, Kansas City, Missouri, has been purchased by The Robinson Clinic, an eleemosynary corporation, to be operated as a hospital for the care and treatment of nervous and mental illnesses.

The Robinson Clinic, with Dr. G. Wilse Robinson as Medical Director, and Dr. G. Wilse Robinson, Jr., as

## PERSONALS AND NEWS ITEMS

"Modern Gastroenterology with Emphasis on the Deficiency Disorders" by B. A. Rhinehart, Little Rock, appeared in the August Tri-State Medical Journal.

A. C. Shipp, Little Rock, has been re-appointed a Trustee of the State Tuberculosis Sanatorium.

J. C. Ogden, Fort Smith, attended the American Academy of Ophthalmology and Otolaryngology in Cincinnati during September.

A. J. Dunklin and wife, Searcy, spent vacation in Michigan during August.

Dr. John Grace and family, Danville, are on a vacation trip to California.

Ouachita County Medical Society was addressed September 5th by C. K. Townsend, Arkadelphia and J. S. Wilson, Monticello.

Frank Vinsonhaler addressed the Pine Bluff Rotary Club August 29th on the need of a state charitable hospital.

Sebastian County Medical Society was addressed September by R. T. Smith, Fort Smith, on "When is a Simple Mastoidectomy Necessary?"

"Macular Leprosy," by E. I. Thompson and A. F. De Groat, Little Rock, appeared in the August 3rd issue of The Journal of the American Medical Association.

BORN—To Dr. and Mrs. D. H. Shipp, Little Rock, September 3rd, a daughter. Congratulations!

F. L. Husband, Blytheville, sustained a fractured right leg on September 13th.

superintendent, is the continuation of the oldest privately-operated hospital organization in Kansas City, having been established more than forty years ago by Dr. John Punton at 3001 Paseo. Since 1923, the Clinic has been located in the historic Dyer mansion at 8100 Independence Road.

The new hospital of the Clinic will be known as the Neurological Hospital, since cases received for treatment will be limited exclusively to nervous and mental disorders and their allied conditions, alcoholism and drug addiction. The building will be ready for occupancy about Oct. 10.

## AUXILIARY NEWS

### EXCERPTS FROM THE INAUGURAL ADDRESS OF MRS. ROGERS N. HERBERT, PRESIDENT OF THE WOMAN'S AUXILIARY TO THE AMERICAN MEDICAL ASSOCIATION.

"The beginning of each Auxiliary year is as a new day, bringing its own problems and possibilities; new obstacles to be overcome; new victories to be won. As I enter this new year, with its sequence of days, I realize that there will be gray days, and stormy days and days of golden hue. My one prayer is that I may be serene, calm and unafraid; tolerant in thought; just in my decisions and kind in my attitude toward that fine body of women who will labor with me until the time comes for the torch to be passed on to other hands. Above all, may I be without prejudice, for prejudice and justice cannot dwell in the same heart.

"Standing on the threshold of this year, I am deeply impressed with the importance of the latent potentialities of the Woman's Auxiliary to the American Medical Association by the contribution it can make in sponsoring and helping to promote a great cause.

"Should I be asked the question: What is the major objective of the Woman's Auxiliary? Unhesitatingly, I would answer, To interpret intelligently to the laity the great underlying purpose of the American Medical Association. Asked, How, I could not so readily answer. For thereby hangs the story; and therein lies the problem to be solved by the Auxiliary, AS GUIDED BY THE ADVISORY COUNCIL.

"There are certain phases of our year's program for the Auxiliary that cannot be too strongly stressed:

1. We should have an Auxiliary inventory to take stock of our assets and liabilities; learn what we have and determine what we need.
2. Familiarize ourselves with Auxiliary activities and give to each its proper evaluation, always bearing in mind that each department is a member of one body, hence entitled to fair representation.
3. It is of utmost importance that we, as Auxiliary women, the torch bearers of the American Medical Association, should keep pace with the march of progress, zealous in our efforts to be informed on all matters pertaining to health, with the thought always in mind that we cannot lead where we cannot go.
4. In matters of legislation touching the Medical Profession, not only physician's wives, but every woman should be informed. It is of vital importance that the workers of each state should know the legislation of that particular state as touching this important subject. It must be remembered that no Program of Legislation can be undertaken by the Auxiliary without the approval of the State Medical Society.
5. For the past few years Public Welfare has played such an important part in community interests, that no woman can afford to lag behind. We believe that the spirit of Auxiliary service lies in the ABILITY to be human in all things; to know what to do and do it cheerfully; to keep everlastingly at it until the job is finished. Then, in analyzing the question, How much have I helped? we become aware of how much we have been helped. In this connection there comes to mind the old Hindu proverb: Help thou thy brother's boat across, and lo, thine own hath reached the shore.

"Through the daily press, numerous periodicals and radio, volumes of information concerning medical science are regularly brought to the mind of the public, even in the most remote sections of the country. It should be the purpose of the Auxiliary members, individually,

to keep so informed regarding the art and practice of her husband's profession that she will readily recognize whether the lay mind is being INFORMED or MISINFORMED.

"One more point to stress: Before undertaking to solve any problems, always consult your Advisory Council, both State and County. This is important. It is not only a question of Auxiliary ethics, but a matter of wisdom and safety. From state auxiliaries to county auxiliaries, and from the county auxiliaries on to the laity is the only avenue by which the benefits of the National Auxiliary can ever hope to reach that end for which they are intended, namely, that life may be richer, fuller, happier and more useful, because of the blessing of HEALTH.

"Facing the dawn of a new Auxiliary, let us remember that:

Behind us is Infinite Power;  
Before us is endless possibility;  
Around us is boundless opportunity."

### ACTIVITIES OF WASHINGTON COUNTY MEDICAL AUXILIARY FROM APRIL TO JULY

The April meeting was a dinner meeting at the Washington Hotel. Mrs. W. A. Fowler presented the history of the organization and the history of the Jane Todd Crawford Memorial. The May meeting was held at the home of Mrs. P. L. Hathcock, Sr., to make dressings for the City Hospital. The June meeting was a joint dinner with the doctors held at the Veteran's Hospital. After dinner the ladies went to the Nurses' Home for their business meeting. The July meeting was at the home of Mrs. F. R. Morrow. Dressings for the City Hospital were made. In July a picnic was held at Cave Springs for the doctors and their wives of Washington and Benton Counties.

### WORK STARTED ON NEW A. M. A. DIRECTORY—PLEASE COOPERATE

The work of revising and compiling the new Fourteenth Edition of the American Medical Directory has been started.

After every directory is published, the American Medical Association receives complaints from some physicians who have not been listed as members or Fellows of the American Medical Association and as a result have lost business from industrial firms, insurance companies, railroads, etc. They may have been former members who have let their membership lapse or newly licensed physicians who have failed to join their local society in time to have this information inserted in the directory.

In order that members be properly listed, it is essential that they carefully and promptly comply with the request for data which they will receive from the American Medical Association. Members who have become delinquent should pay their dues at once to avoid losing their membership listing in the new directory.

The American Medical Directory is an unequalled source of valuable information concerning physicians, hospitals, medical schools, state medical boards, special medical societies, etc. It is used extensively by hospitals, insurance companies and industrial officials. It gives medical directors and chief surgeons practically all the data needed for choosing examining physicians in all localities in the United States and Canada.

The directory probably will not be published again until 1937 or 1938. It is therefore highly important that physicians take advantage of a complete and authentic listing in the edition now being compiled.



# UNITED STATE EMPLOYEES' COMPENSATION COMMISSION—WASHINGTON

September 19, 1935.

From: United States Employees' Compensation Commission  
To: State Works Progress Administration and Federal Establishments having Employees receiving Security Wages under the Emergency Relief Appropriation Act of April 8, 1935.

Re: Endorsement of Vouchers for Medical, Hospital and Allied Services.

The Rules and Regulations No. 1, issued by the Commission July 15, 1935, governing compensation and medical treatment for Works Progress Administration employees, requires that all vouchers, Form S-69, for medical services and all services in connection therewith be endorsed by the Local Compensation Representative. (See Paragraph 15 of Rules and Regulations No. 1.) In Federal establishments the Official Superior is regarded as the Local Compensation Representative for purposes of Rules and Regulations No. 1, and the Official Superior's endorsement on the Form S-69 will meet the requirements of Paragraph 15 of Rules and Regulations No. 1.

Many physicians have been submitting vouchers and bills for medical treatment direct to the Commission. This procedure should be discouraged, since it results in unnecessary delay and expense occasioned by the necessity of returning such vouchers for endorsement by the Local Compensation Representative or the Official Superior of the injured employee, as the case may be.

All physicians, hospitals, and all others submitting charges should be instructed to submit vouchers, Form S-69, to the Local Compensation Representative, or in the case of Federal establishments, the Official Superior of the injured employee, who in turn should see that the services were authorized, charges are itemized on Form S-69, and signatures are proper, before endorsing the voucher and transmitting it to the Commission. Written authorization, if not previously submitted, should accompany the voucher for services.

Attention is particularly invited to Sections IV and V, Paragraphs 8 to 36, inclusive, of Rules and Regulations No. 1 for detailed information.

The earnest co-operation of all persons concerned is essential to expedite adjustment of medical and other charges by this office.

U. S. Employees' Compensation Commission.

## BOOK REVIEWS

Lilly Research Laboratories: Dedication. Pp. 128. Privately printed. Indianapolis, 1935.

The occasion of the dedication of the Lilly Research Laboratories is commemorated by the publication of this beautiful volume. A notable company of speakers were in attendance and their addresses, together with a description of the Laboratories, comprise the subject matter. "The Early Story of Insulin," by Banting is one of the most interesting of medical achievements. Tribute is paid the Lilly company for the part it has had in the development of scientific medicine.



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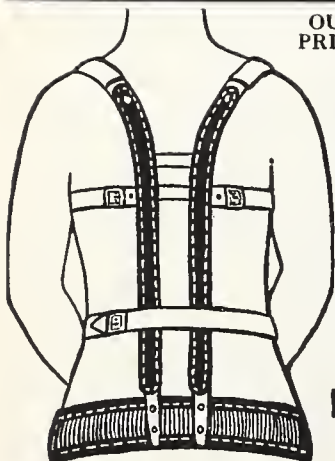
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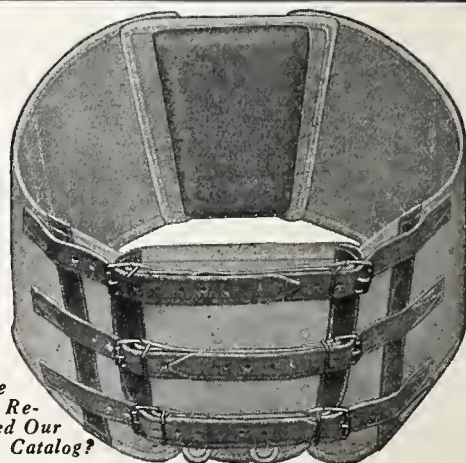
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# THE JOURNAL

## of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXII

FORT SMITH, ARKANSAS, NOVEMBER, 1935

No. 6

### THE DOCTOR: HIS PROBLEMS; HIS DUTIES\*

F. D. MAHONY, M. D., F. A. C. P.  
El Dorado.

We are at a turning point, at the verge of a new era. Every condition affecting human welfare is involved. Our people are more enlightened. College degrees are common and keen competition is to be found among all professional groups. Serious study is being devoted to this period of readjustment. Opportunity for greater service is available to everyone, who, though he fails to rise above the crowd, is destined to a struggle for survival. The practitioner of medicine, too, must recognize his place in this changing order of things. He can ill afford to go on heedlessly without paying respect to modern trends.

We hear much talk these days about providing adequate medical service to the great masses and at a price well within their reach and commensurate with the service. We hear of committees with lots of money and their reports. Lay groups are telling us how to administer medical needs. We hear Uncle Sam, the greatest of M. D.'s, and of his entrance into the practice of medicine on a huge scale. We hear of socialized medicine in foreign lands and its possibilities here. We are advised of alphabetically designated agencies gaining entrance in medical fields not wishing medical supervision. We are thoroughly acquainted with free clinics administering to some one-half million people each day. Our attention is called to newly-created cults and the ever-increasing growth of those already with us. We are now advised that ideal medical service can be provided at a cost of \$36.00 per family, and that we are now spending over \$30.00 per capita with only a small number affected. We are told that not all of this money is going into our pockets. We are told that there is among us a clutter of quacks effectively dealing their misery. We see patent medicine vendors on street corners and

in dry goods stores. We see countless popular magazines displaying on their pages fraudulent claims. We see a gullible public. We are a people that obviously like fraud. We hear of over sixty medical schools graduating several thousand young physicians annually to add to the list of unemployed. We see ambitious lads study medicine because their "Dad" did, or for no reason at all. We hear more talk of group clinics and the 20,000 specialists but less of family doctors. Yes, we are actually told that the family doctor has faded out of the picture and that the kindly physician who once assumed the medical care of the family now answers "Calls." We hear of the public health and of our dereliction in its behalf. Also, we see infringements at times. We are told that we should all be health officers practicing preventive medicine wherever we go. We are quite intimate with 35 per cent of our clients who never made an overture to pay. We also know that those who have had a taste of charity like it and never pay again. We hear of those among us becoming restless and breaking away, setting up a new way of doing business.

We read of the British Medical Association presenting a plan for furnishing adequate medical care to the people of Great Britain. Would it not be appropriate for such a plan to originate in the medical circles of this country? We are told by some that the public should sit supinely awaiting the time to summon a doctor. Disease has not decreased and life span has not been doubled because of mere chance. Scientific advance and education is the answer, all a co-operative undertaking. We have been told that the average doctor sees daily only three pay patients and that he is a constant giver of alms but oftentimes should be the receiver. We hear of non-medical employees of free clinics being paid for service, but who has seen a doctor receive pay? We were told that the sick poor belonged to us and we accepted them. They grew and grew in number; there were insufficient hours in a day, hence the origin of the free clinic a product of our own making.

\* Read before the Sixth Councilor District Medical Society, Prescott, March 12, 1935.



Countless other experiences we witness; some enlighten us, some vex us. At any rate we are called on to do something and we must accept the command lest something be done to us.

As physicians our responsibilities are definite. As citizens they are likewise definite. Our value to the community as physicians and citizens varies because of natural limitations; also individual differences are peculiarities. We have, however, great inherent regulatory power as individuals. We can be good citizens and poor physicians or good physicians and poor citizens. Most good physicians are good citizens. Physicians as a rule pay little attention to political matters either local, state or national. Some of us believe this to be a mistake. There is no good reason why a physician should not enter actively into all good and honest political affairs. Governmental groups throughout the land, particularly during this period of economic depression, are thinking in terms of medical legislation. Social and other agencies have become popular and are often presenting for popular consideration ideas affecting the health and well-being of people, yet which are devoid of any suggestion of medical touch. As physicians there is no reason why we should be taxed for purposes derogatory to our own interest, an all too frequent occurrence. Nor should the burden of charity practice be ours. It is definitely a community problem.

In conclusion, I wish to stress this one thing: the medical profession may be in need of some changes that will benefit all, but those changes should come from intelligent leadership, from organized medicine, and not from some lay group, who do not have the feelings of a physician and who are only capable of measuring this service as merchandise to be sold. For the problems yet to come let organized medicine attain a better, closer cooperation among its members, developing a more intelligent and more capable leaders within our own group, in order that we may be ready to submit our plans for adoption rather than those of the lay group. There are your rules, follow them.

### COMING MEDICAL MEETINGS

Oklahoma City Clinical Conference, Oklahoma City, November 4-7th.

Southwestern Branch, American Urological Association, Little Rock, November 15th-16th.

Southern Medical Association, Saint Louis, November 19-22nd.

## VAGINAL HYSTERECTOMY WITH THE ORIGINAL PRYOR CLAMP\*

H. D. WOOD, M. D.

Fayetteville.

It is my pleasure to bring to your consideration a paper on vaginal hysterectomy done with the original Pryor clamp, because I was in the Gemrig Instrument Store in Philadelphia nearly eight years ago, at which place I had purchased the instruments more than half a hundred years before. While looking through the instrument cases I got a glimpse of an unfinished original Pryor clamp pattern. I asked Mr. Richter who had been in this instrument house for many years, if he would sell it. He said that he would. I found the price was within the limits of my purse. I told him I would take it if he would permit me to take it around to the Charles Lentz and Sons Instrument House and find out if I could have a mate made for it. I told the manager of this place that I wished to see Bob Curts, the boss of the shop work. He said that I could see him. I asked Mr. Curts to look at this unfinished Pryor clamp and tell me what it would cost to have it finished and a mate made for it, as the handles would do for both clamps. He looked it over carefully and said he would do the job for ten dollars. I told him to go ahead and make it and I would take it as the price was still within my means.

Almost a year ago a poor woman came into my office who appeared to be in a great deal of distress and said her "womb would come down and out and she would have pain in getting about." On examination I found she had an extensive laceration of the cervix, the uterus would protrude through the vulva. I told her that I felt sure we could relieve her by an operation and enable her to work in comfort in her home and in the community where she lived as she was called on to act as midwife. I felt a bit anxious to try out the original Pryor clamp on a case so urgently in need of this operation. After she had consulted me she was persuaded to let a chiropractor treat her as he had been reported to her as working wonders with women in her condition. She got no relief from his manipulations and returned to me. I told our county judge about this poor woman's condition, telling him that I felt sure she could be cured by an operation, becoming a useful member of her family and the community where she

\* Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 15, 1935.

lived. He consented to take care of the hospital bill.

With the help of Dr. R. T. Henry and Dr. Morrow who gave the gas-ether anesthesia, and Miss Ruth Riley for surgical nurse, I started in to do my first vaginal hysterectomy operation with the original Pryor clamps.

I made my incision in the usual place with scissors cutting through the mucous membrane of the vagina around the cervix and pushing the vaginal tissue back in an effort to enter the pelvic peritoneal cavity through the Douglas cul de sac, as well as around the anterior vaginal fornix, being careful to keep away from the posterior bladder wall and damaging the ureters. Here is where I had my greatest difficulty as I found post-operatively the uterus measured five inches from the tip of the cervix to the fundus. This necessitated a more extensive dissection of the vaginal tissue and delayed the completion of the operation. The difficulty in bringing down the fundus of the uterus because of the unusual length caused further delay before applying the clamps to the broad ligaments. I put the clamp made by Lentz and Sons on the left broad ligament, pressed the handles into the first notch, and waited about one minute before pressing the handles into the second notch. Then I put a Mayo hemostat on the broad ligament near the uterus, cutting through the ligament. I then put the original Pryor clamp on the right broad ligament, pressed the handles into the second notch, severed this ligament with scissors, and removed the uterus with the Mayo hemostat holding its grip. The vagina was gently sponged of the blood, a loose pack of gauze placed between the severed ends of the broad ligaments and a dressing pad placed over the ends of the handles of the clamps and held in place with a T-bandage. It had required an hour and a half to do this operation. I inquired of Dr. Morrow several times how the patient was standing the anesthesia, to which he replied "fine." Had it not been for the good help and encouragement of Dr. Henry and Miss Riley, I fear I might have failed as I was under a great physical and mental strain with the life of a good woman and the mother of a large family in my hands. I did not remove the clamps until about sixty hours after the operation, when I found the jaw of the clamp on the left broad ligament was broken, but it had crushed the vessels of this ligament so there had been no bleeding. I sent the clamp to Lentz and Sons and they reported the break was due to a bit of defective steel.

I have this original Pryor clamp here for the inspection of any surgeon or gynecologist who cares to see it.

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## CORRESPONDENCE

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October 10, 1935.

Dr. M. E. McCaskill,  
President Ark. Medical Society,  
711 West Capitol Avenue,  
Little Rock, Arkansas.

Dear Dr. McCaskill:

The Emergency Relief appropriation act of 1935 (by public resolution No. 11, 74th Congress) provided compensation for disability or death of a person receiving from that appropriation security payments (wages) for services as employees of the United States, providing such disability or death results from traumatic injury sustained while in the performance of duty.

The United States Employees' Compensation Commission, Washington, D. C., will be sole and final authority on the merits of claims, the proper payments of compensation and validity of expenses in connection with the care and treatment of injuries.

The undersigned has been appointed Works Progress Administration Compensation Officer, and will administer the Compensation program as respect WPA and NWA employees in this state through the cooperation and assistance, of course, with the staff and adequate state organization comprizing a district compensation supervisor in each of the eight districts, into which Arkansas has been divided.

It is the desire of this department to fully cooperate with all physicians rendering services in industrial accident cases who wish to participate under the regulations of the commission. Under no circumstances will there be any discrimination against any physician. It is our purpose and plan to distribute compensation cases among physicians in as equitable a manner as possible.

The United States Employees' Compensation Commission requests that we inform all physicians that they will pay medical fees at rates not in excess of minimum charges prevailing in the community for similar services.

It is hardly necessary to state that there will be undoubtedly such cases that demand a great deal of explanation and investigation on the part of the compensation supervisor and there will possibly be delay in securing the prompt payment of all medical vouchers submitted (S-69). Therefore, we request your indulgence until such time as we have completed our files.

In order to promptly correct any misunderstanding which might develop we respectfully request that you submit the pertinent facts to this office and we will make an effort to make a full explanation satisfactorily to all parties concerned.

Yours very truly,

WORKS PROGRESS ADMINISTRATION  
OF ARKANSAS,

W. R. DYESS, Administrator.

By Edward S. Fee,  
State Compensation Officer.



## STRANGULATED FEMORAL HERNIA WITH AN UNUSUAL CONTENT\*

O. J. T. JOHNSTON, M. D.

Batesville.

It is not my purpose at this time to tell you anything new about the treatment of femoral hernias, but I selected this topic from the content found in one.

A femoral hernia is a bulging of the peritoneum through the femoral ring forming a sac which may contain one or more structures. Femoral hernias, although not as common as inguinal hernias, occur more frequently in the female than in the male, about 30 per cent of hernias in women being femoral. Strangulation is proportionately more frequent because of the small rigid opening through which the sac passes.

I wish to report a rather rare case of mine. On March 20, 1933, there was brought to me a married woman, thirty years old, the mother of three children, the youngest four. She gave the following history:

Pain and a small tumor, about one inch in diameter, low down in the right groin which was first noticed about four years previously during last pregnancy. When first noticed this tumor was about one inch in diameter with little pain except during menstruation, when there was severe cramping in the right leg, with severe backache and tenderness low down in the abdomen. On March 14th, 1933, she pulled cotton bolls all day, but did not carry much of a load. The next day this swelling was larger and more painful. On the 16th, it was so painful she could scarcely stand up. The tumor increased to about the size of a small egg, and on the 20th, she called her physician, who was not sure whether she had a hernia or an abscess. By this time it was painful to touch but there was no redness. There had been no nausea. Her physician, not feeling positive of the diagnosis, made an incision down to the sac, under a local anesthetic, and brought her to me for an operation.

Upon examination I found a hard mass in the right groin below Poupart's ligament about the size of a small egg, painful to touch and fluctuating. On my diagnosis of a strangulated femoral hernia, an immediate operation was performed. I noticed quite a discoloration of the contents of the sac before it was opened. On opening the sac, instead of finding a loop of

bowel or piece of omentum, I found her right tube, it was blue-black, but not sloughing. I pulled it up as far as I could, ligating it, allowing the stump to drop back into the abdomen. I then ligated the sac high up with chromic cat gut, cut it off and closed the femoral opening.

She recovered with no complications, and has been well from leg pain and backache at her menstruation period since.

I mentioned this as a rare case, for I have not seen one nor do I find any one who has had such case.

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## PROPOSED CONSTITUTIONAL AMENDMENT

(Second Publication)

The following amendment to the Constitution of the Arkansas Medical Society was regularly presented to the Sixtieth Annual Session in Fort Smith, April 17th:

To amend Section 6 of Chapter VI which now reads:

"Sec. 6. In case of a vacancy in the office of delegate, the Council shall have authority to seat any member of that county society in attendance at said meeting as delegate, with full right to perform all the duties of that office,"

to read as follows and to become Section 12 of Chapter IV:

"Sec. 12. In case of vacancy in the office of delegate, the House of Delegates shall have the authority to seat any member of that county society in attendance at said meeting as delegate, with full right to perform all duties of that office."



\* Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 17, 1935.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under direction of the Council

DR. W. R. BROOKSHER, Editor

610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### OFFICERS OF THE ARKANSAS MEDICAL SOCIETY

M. E. McCASKILL, President	Little Rock
GEO. B. FLETCHER, President-Elect	Hot Springs
D. W. GOLDSTEIN, First Vice-President	Fort Smith
J. B. JAMESON, Second Vice-President	Camden
H. W. HUNDLING, Third Vice-President	Little Rock
R. J. CALCOTE, Treasurer	Little Rock
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### COUNCILORS

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### STANDING COMMITTEES

(Appointments expire with annual session of the year indicated.)

SCIENTIFIC WORK—R. B. Robins, Camden, Chairman (1936); L. L. Purifoy, El Dorado (1937); W. R. Brooksher, Fort Smith (1938).

MEDICAL LEGISLATION—Val Parmley, Little Rock, Chairman (1937); M. L. Norwood, Lockesburg (1937); O. L. Williamson, Marianna (1937); H. T. Smith, McGehee (1936); R. L. Smith, Russellville (1936); A. S. Buchanan, Prescott (1938); R. M. Eubanks, Little Rock (1938).

HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Little Rock, Chairman (1937); S. W. Douglas, Eudora (1937); B. M. Stevenson, West Memphis (1937); H. K. Carrington, Magnolia (1936); H. A. Stroud, Jonesboro (1936); F. O. Mahony, El Dorado (1938); H. A. Higgins, Little Rock (1938).

MEDICAL EDUCATION AND HOSPITALS—Joe F. Shuffield, Little Rock, Chairman (1937); David Levine, El Dorado (1936); R. T. Smith, Little Rock (1938).

PUBLIC RELATIONS—D. A. Rhinehart, Little Rock, Chairman (1937); E. E. Barlow, Dermott (1936); Pat Murphey, Little Rock (1938).

MEDICAL ECONOMICS—A. C. Shipp, Little Rock, Chairman (1938); I. F. Jones, Fort Smith (1937); R. B. Robins, Camden (1937); J. E. Neighbors, Stuttgart (1936); D. E. White, El Dorado (1936); M. C. John, Stuttgart (1938); R. M. Blakely, Little Rock (1938).

SCIENTIFIC EXHIBIT—H. King Wade, Hot Springs National Park, Chairman (1936); W. E. Gray, Hot Springs National Park (1937); H. Fay H. Jones, Little Rock (1938).

ARRANGEMENTS—(Host Society 1936 Session)—H. King Wade, Chairman.

AUXILIARY—L. F. Barrier, Little Rock, Chairman (1938); C. S. Holt, Fort Smith (1937); W. T. Wootton, Hot Springs National Park (1936).

### SPECIAL COMMITTEES

NECROLOGY—W. H. Mock, Prairie Grove, Chairman (1938); H. Moulton, Fort Smith (1937); J. M. Lemons, Pine Bluff (1936).

CANCER CONTROL—D. W. Goldstein, Fort Smith, Chairman (1937); R. L. Saxon, Little Rock (1936); M. J. Kilbury, Little Rock (1938).

MATERNAL WELFARE—E. H. White, Little Rock, Chairman; S. B. Hinkle, Little Rock; J. W. Walker, Fayetteville; O. J. T. Johnston, Batesville; J. O. Rush, Forrest City; P. H. Phillips, Ashdown; E. C. McMullen, Pine Bluff; H. C. Dorsey, Fort Smith.

POST-GRADUATE STUDY—Frank Vinsonhale, Little Rock, Chairman; D. A. Rhinehart, Little Rock, Vice-chairman; Joe F. Shuffield, Little Rock, Secretary; H. A. Stroud, Jonesboro; O. J. T. Johnston, Batesville; M. C. John, Stuttgart; E. E. Barlow, Dermott; R. B. Robins, Camden; A. S. Buchanan, Prescott; Euclid Smith, Hot Springs National Park; B. L. Robinson, Little Rock; S. C. Fulmer, Little Rock; H. W. Hundling, Little Rock; J. H. Fowler, Harrison; J. A. Foltz, Fort Smith.

## EDITORIAL

### MEMBERSHIP

The roster of members of the Arkansas Medical Society for 1935 as published in this issue contains 1066 names, the largest membership since 1930 when there were enrolled 1,151 physicians. There are yet delinquent in payment of dues some thirty physicians who paid dues in 1934. Every possible effort has been made to secure payment of dues from these physicians by the county society secretaries and by the state secretary's office. It may be assumed that these doctors are not at present desirous of maintaining membership in organized medicine. Just why there should be members of our profession with such thoughts is a problem for which we confess inability to cope. Medical organization is maintained for the good of the individual physician, and in the case of this Society, it is felt that the work of the Society has well demonstrated its value to every member. It requires no prophesying to predict that the force of organized medicine must be exerted again and again, with even greater force, in the months to come for the benefit of the individual physician. This Society stands ready to so act but its efforts can be tremendously augmented if there is the increased support of a larger membership list. We hope that the respective county societies will see the urgent need of enrolling every eligible physician in their counties for mutual benefit.

### EDITORIAL COMMENT

Those medical leaders of Kansas City who conceived and inaugurated the clinical conference style of medical meeting have seen their idea widely adopted by other cities of the country. Yet, the 13th annual session of the Kansas City Southwest Clinical Society just closed, was a better session than any of the twelve which preceded it. There is certainly no disposition on the part of these physicians to rest upon past laurels. Yearly this meeting attains new levels of success, becomes of more value to the physicians whom it serves, and gains new visitors who, in turn, join the increasing list of veterans in attendance. The intensive program of study offered by the clinical society meeting materially assists the practitioner in his efforts to keep up with medical advance. The medical profession of the Southwest is grateful for the vision, sacrifice and effort of these Kansas City men who afford such an opportunity.



## EDITORIAL COMMENT

At this time there appears to be an aggressive campaign for the salvage of old X-ray films, offers from several concerns reaching physicians recently. We submit that the sale of these films, old though they may be, is a procedure to be cautiously considered. Destruction of records should be undertaken only after a careful consideration of their value at some subsequent date. Generally speaking, no record should be destroyed until at least two years have elapsed since that patient was last seen, and no record affecting a minor should be destroyed until well after that minor becomes of age. Records where suit is pending or may be instituted are, of course, to be carefully preserved.

The continuation of active advisory committees originally set up for work with the ERA medical relief schedule is a matter of vital importance in each county medical society. These committees will have frequent and varied opportunities for service to the practitioners of their respective counties as new types of medical service may be established by the national government. Just now there is urgent need for close cooperation between these committees and the WPA authorities. Payment of fees for medical services is complicated and may be facilitated by the efforts of the advisory committee in each county. We suggest that such of these committees as may now be somewhat somnolent, be energetically revived for the purpose of considering this matter, and such other related forms of medical practice as may be brought forth.

## PERSONALS AND NEWS ITEMS

Fount Richardson, Fayetteville, has been appointed Medical Examiner, Aeronautics Branch, Department of Commerce.

J. A. Foltz, Fort Smith, addressed the Frisco System Medical Association at Joplin, Missouri, October 29th on "Present Status and Future Possibilities of Electro-Surgery."

J. E. Neighbors has moved from Stuttgart to Hobbs, New Mexico.

MARRIED—T. C. Guthrie, of Smithville, and Mrs. Ora Ashburn, of Imboden. Congratulations!

Raymond Cook, Little Rock, and J. G. Mitchell, El Dorado, attended the recent meeting of the American Academy of Ophthalmology and Otolaryngology in Cincinnati.

L. M. Henry, Fort Smith, has been commissioned Lieutenant in the U. S. Naval Reserve.

In attendance at the American Public Health Association, Milwaukee, October 7th to 10th were: W. B. Grayson, Gordon Hastings and J. A. Summers, of Little Rock, and T. T. Ross, Arkadelphia.

"Underwater Therapy in Chronic Arthritis" by Euclid M. Smith, Hot Springs National Park, appeared in the September issue of Archives of Physical Therapy, X-ray, Radium.

The following articles appeared in the October Southern Medical Journal: "Xanthoma Diabeticorum" by Ewell Thompson, Little Rock, J. E. Stevenson and Fred Krock, Fort Smith; and "The Problem of Rabies" by W. B. Grayson and Gordon Hastings, Little Rock.

J. F. Griffin, Vanndale, has recovered from injuries received in an automobile accident in September.

C. E. Dungan, Augusta, has moved into new offices at his home.

J. S. Kolb, Clarksville, has recovered from injuries received in an automobile accident.

"Syncope and Sudden Death in Aortic Stenosis" by A. G. Sullivan, Hot Springs National Park, appeared in the August American Heart Journal.

Albert Boen, Knoxville, is confined to his home by a protracted illness.

"Fractures Involving the Elbow Joint," by Val Parmley, Little Rock, originally published in the August issue of The Journal, has been reprinted by Industrial Medicine in its August issue.

Joe W. Reid, Arkadelphia, is taking post-graduate work at the Mayo Clinic.

L. L. Purifoy, El Dorado, is reported as improving from an infected finger for which he was hospitalized at Touro Infirmary, New Orleans, for a time the past month.

MEMBERSHIP ROSTER OF THE ARKANSAS MEDICAL SOCIETY—1935

ARKANSAS COUNTY

Davis, G. C.	Gillett
Dickens, Homer	DeWitt
Fowler, Arthur	Humphrey
John, Milton	Stuttgart
John, M. C.	Stuttgart
Lumsden, C. A.	DeWitt
Neighbors, J. E.	Hobbs, New Mexico
*Park, C. E.	DeWitt
Rasco, C. W.	DeWitt
Riley, H. C.	Bayou Meto
Swindler, E. B.	Stuttgart
Whitehead, R. H.	DeWitt
Word, James T.	St. Charles

ASHLEY COUNTY†

Barnes, L. C.	Hamburg
Cockerham, H. E.	Portland
Cone, A. E.	Portland
Crandall, M. C.	Wilmot
Fletcher, G. W.	Montrose
Gibbs, A. M.	Hamburg
Hawkins, M. C.	Parkdale
Holliday, B. F.	Parkdale
Leberman, L. H.	Crossett
Mask, D. L.	Hamburg
Smith, Milton L.	Crossett
Spivey, C. E.	Crossett
White, E. O.	Hamburg
Wood, J. T.	Crossett

BAXTER COUNTY†

Gray, E. M.	Mountain Home
Mooney, L. M.	Mountain Home
Morrow, J. J.	Cotter
Roe, C. E.	Viola
Sutton, J. E.	Viola
Tipton, J. T.	Mountain Home
Tipton, W. C.	New Laguna, N. M.

BENTON COUNTY†

Atkinson, R. M.	Bentonville
Buffington, G. H.	Decatur
Clemmer, J. L.	Gentry
Crockett, C. S.	Lincoln
Curry, W. J.	Rogers
Duckworth, F. M.	Siloam Springs
Duncan, M. W.	Centerton
Estes, Neal D.	Rogers
Eubanks, F. G.	Decatur
Greene, L. O.	Pea Ridge
Harrison, A. J.	Springdale
Highfill, E. J.	Cave Springs
Horton, C. W.	Hiwassee
Hughes, G. A.	Siloam Springs
Hodges, G. E.	Rogers
Hurley, C. E.	Bentonville
Koobs, H. J. G.	Rogers
Love, Geo. M.	Rogers
McNeil, Clyde L.	Rogers
Montgomery, Chas. C.	Kansas City, Mo.
Moore, W. A.	Rogers
Peacock, A. L.	Gentry
Pickens, E. A.	Bentonville
Pickens, W. A.	Bentonville
Powell, J. T.	Gravette
Scott, L. L.	Siloam Springs
Williams, Rex	Siloam Springs
Wilson, C. S.	Siloam Springs

BOONE COUNTY†

Blackwood, J. C.	Western Grove
Evans, D. E.	Harrison
Fowler, J. H.	Harrison
Fowler, T. P.	Harrison
Gladden, J. G.	Western Grove
Jackson, J. Lloyd	Harrison
Jackson, Ulys	Harrison
Johnson, J. J.	Harrison
Kirby, Henry	Harrison
McCoy, O. B.	Harrison
Moore, W. T.	Everton
Owens, D. L.	Harrison
Poynor, W. H.	Harrison
Sexton, J. W.	Mt. Judea
Thompson, J. I.	Yellville
Watkins, W. L.	Alpena Pass
Weast, L. M.	Yellville

BRADLEY COUNTY†

Crow, M. T.	Warren
Ellison, L. E.	Warren
Fike, W. T.	Warren
Gannaway, C. E.	Warren
Martin, C. N.	Warren
Martin, Rufus	Warren

Reasons, W. B.	Hermitage
Roark, W. N.	Hermitage
Snodgrass, W. A.	Warren

CARROLL COUNTY†

Bohannon, J. H.	Berryville
Butt, Wm. Alvin	Green Forest
Carter, A. L.	Berryville
Huntington, R. H.	Fayetteville
John, J. F.	Eureka Springs
McCurry, D. K.	Green Forest
Pace, Henry	Eureka Springs
Parker, J. R.	Eureka Springs
Slusser, C. W.	Green Forest
Stebbins, N. I.	Nashville
Webb, J. H.	Eureka Springs

CHICOT COUNTY†

Baker, E.	Dermott
Barlow, E. E.	Dermott
Blanks, J. T.	Dermott
Burge, J. H.	Lake Village
Clark, B. C.	Lake Village
Craig, Wm. A.	Eudora
Douglas, S. W.	Eudora
Easterling, W. D.	Lake Village
Easterling, W. W.	Chicot
Hutson, W. J.	Eudora
McGehee, E. P.	Lake Village
Thompson, J. A.	Dermott

CLARK COUNTY

Bremer, J. P.	Point Cedar
Bryant, R. L.	Arkadelphia
Carter, E. E.	Arkadelphia
Doane, S. N.	Arkadelphia
Hughes, F. A.	Okolona
Kirby, D. W.	Gurdon
McLain, J. T.	Gurdon
Reid, J. W.	Arkadelphia
Ross, H. A.	Arkadelphia
Smith, Myers	Arkadelphia
Steed, C. J.	Gurdon
Townsend, C. K.	Arkadelphia

CLAY COUNTY

Blackwood, W. J.	Rector
Clopton, O. H.	Rector
Cohn, George	Piggott
Cunning, I. H.	Knobel
Custer, B. H.	Marmaduke
Futrell, J. B.	Rector
Hiller, J. P.	Pollard
Jones, F. H.	Piggott
Latimer, N. J.	Corning
McGuire, J. E.	Piggott
Richardson, M. C.	Corning

CLEBURNE COUNTY†

Birdsong, T. C.	Shiloh
Hall, H. J.	Higden
Matthews, J. T.	Heber Springs

CLEVELAND COUNTY†

Adams, T. L.	Rison
Dunman, E. B.	New Edinburgh
Glover, Brooks B.	Kedron
Hamilton, A. J.	Rison
Hancock, W. G.	Rison
Harris, Sidney	Herbine
Johnson, S. C.	Kingsland
Ruth, Junis	Rison

COLUMBIA COUNTY

Baker, J. J.	Magnolia
Carrington, H. K.	Magnolia
Cooksey, W. P.	Magnolia
Horn, W. H.	Taylor
Hudnall, E. T.	Taylor
Jones, T. H.	Magnolia
Jordan, T. S.	Magnolia
Kitchens, H. M.	Waldo
McLeod, G. F.	Magnolia
Rushton, J. F.	Magnolia
Sauter, T. E.	McNeil
Souter, A. J.	Waldo

CONWAY COUNTY†

Colay, J. H.	Cleveland
Etheridge, C. E.	Morrilton
Goatcher, A. L.	Plummerville
Halbrook, J. F.	Plummerville
Hardison, T. W.	Morrilton
Jemison, A. B.	Morrilton
Jones, R. A.	Perry
Matthews, E. L.	Morrilton
Matthews, J. M.	Morrilton
Mobley, H. E.	Morrilton

CRAIGHEAD-POINSETT COUNTY†

Alcott, G. B.	Weiner
Altman, J. T.	Jonesboro
Atkinson, O. L.	Hickory Ridge

Baird, J. L.	Marked Tree
Barrett, E. R.	Jonesboro
Barrett, R. M.	Black Oak
Bates, C. A.	Lake City
Berry, W. E.	Trumann
Burge, H. G.	Nettleton
Cohen, O. T.	Jonesboro
Elders, J. W.	Harrisburg
Ellis, Ira	Monette
Haltom, W. C.	Jonesboro
Horner, E. J.	Jonesboro
*Jackson, W. W.	Jonesboro
Jernigan, R. M.	Jonesboro
Jones, J. H.	Lepanto
Jones, J. K.	Lepanto
Lutterloh, P. W.	Jonesboro
McAdams, H. H.	Jonesboro
McCurry, J. H.	Cash
McDaniel, E. C.	Tyrnza
McDaniel, L. H.	Tyrnza
Moreland, W. H.	Tyrnza
Mulliniks, E. C.	Harrisburg
Nisbett, Frank	Brookland
Overstreet, W. C.	Jonesboro
Ramsey, J. W.	Jonesboro
Ratliff, R. W.	Jonesboro
Reagan, C. H.	Marked Tree
Shanlever, R. C.	Jonesboro
Sloan, R. M.	Jonesboro
Stroud, H. A.	Jonesboro
Tullos, A. M.	Trumann
Verser, W. W.	Harrisburg
Willett, R. H.	Jonesboro

CRAWFORD COUNTY†

Bennett, B. L.	Van Buren
Blakemore, J. E.	Van Buren
Bruce, B. B.	Alma
Crigler, J. R.	Alma
Dibrell, M. S.	Van Buren
Engler, F. G.	Mountainburg
Galloway, Q. R.	Alma
Grant, S. C.	Mulberry
Kirkland, S. D.	Van Buren
Kirksey, O. J.	Mulberry
Savery, H. W.	Van Buren
Stewart, J. M.	Van Buren
Trice, J. B.	Van Buren
Young, L. G.	Van Buren
Wigley, John A.	Mulberry

CRITTENDEN COUNTY†

Barksdale, Oscar	West Memphis
Hare, T. S.	Crawfordsville
Irby, J. T.	Earle
Matthews, J. H.	Earle
McVay, L. C.	Marion
Parker, A. C.	Clarkedale
Purnell, R. L.	Marion
Ray, R. H.	Earle
Stevenson, B. M.	Crawfordsville

CROSS COUNTY†

Barr, Austin Flint	Cherry Valley
Griffin, J. L.	Wynne
Griffin, W. L.	Cherry Valley
Longest, Ruffin	Wynne
McKenzie, Jim	Wynne
Miller, J. S.	Parkin
McKie, J. D.	Wynne
Peterson, T. A.	Wynne
Smith, Richard S.	Parkin
Stewart, T. J.	Wynne
Wilson, Thomas	Wynne

DALLAS COUNTY†

Cheatham, H. A.	Princeton
Ellis, W. S.	Fordeyce
Estes, E. E.	Fordeyce
Estes, S. J.	Fordeyce
Lisenbee, A. M.	Sparkman
Stuart, A. M.	Manning
Taylor, J. E. M.	Sparkman
Ward, W. P.	Fordeyce

DESHA COUNTY†

Biscoe, Gibbs	Dumas
Chennault, J. C.	McGehee
Hellums, J. H.	Dumas
Kimbrow, C. H.	Tillar
MacCammon, Vernon	Arkansas City
Rands, H. A.	Dumas
Rosenbaum, C. A.	McGehee
Smith, H. T.	McGehee
Watts, J. D.	Dumas
White, R. F.	McGehee

DREW COUNTY†

Collins, A. S. J.	Monticello
Dickins, R. D.	Monticello
DeBolt, G. C.	Monticello

\* Deceased.  
† Membership equals or exceeds that of 1934.



Gates, S. M. .... Monticello  
 Pope, M. Y. .... Monticello  
 Price, J. P. .... Monticello  
 Smith, R. N. .... Collins  
 Wilson, J. S. .... Monticello

**FAULKNER COUNTY**

Brittain, W. L. .... Conway  
 Brooke, H. C. .... Conway  
 Cureton, H. E. .... Conway  
 Dawson, R. L. .... Wooster  
 Dickerson, C. H. .... Conway  
 Downs, J. H. .... Vilonia  
 Dunaway, L. S. .... Conway  
 Fraser, N. E. .... Conway  
 Glover, A. J. .... Guy  
 Harrod, George .... Conway  
 Hassell, L. L. .... Hebron, Neb.  
 Henderson, G. L. .... Conway  
 Kitley, J. R. .... Mayflower  
 Lieblong, J. S. .... Greenbrier  
 Mabry, Tom .... Holland  
 McCollum, I. N. .... Conway  
 McDonald, W. T. .... Vilonia  
 Smith, Marcus T. .... Conway  
 Taylor, R. L. .... Conway  
 Westerfield, J. S. .... Conway

**FRANKLIN COUNTY†**

Akin, W. F. .... Branch  
 \*Blackburn, E. W. .... Ozark  
 Bollinger, W. H. .... Charleston  
 Campbell, C. J. .... Webb City  
 Douglass, Thos. .... Ozark  
 Gibbons, W. H. .... Ozark  
 Hansberry, A. J. .... Ozark  
 Porter, W. C. .... Ozark  
 Post, J. L. .... Altus

**GARLAND COUNTY†**

Biggs, Orvis E. .... Hot Springs  
 Black, T. N. .... Hot Springs  
 Blackshare, W. M. .... Hot Springs  
 Bollmeier, L. N. .... Hot Springs  
 Boydstone, J. O. .... Hot Springs  
 Brewer, Howell .... Hot Springs  
 Browning, E. R. .... Hot Springs  
 Burch, N. B. .... Hot Springs  
 Casada, B. F. .... Hot Springs  
 Chamberlain, W. W. .... Hot Springs  
 Chesnutt, James H. .... Hot Springs  
 Clardy, Floyd .... Hot Springs  
 Coffey, G. C. .... Hot Springs  
 Collings, H. P. .... Hot Springs  
 Connell, W. H. .... Hot Springs  
 Diedrich, V. P. .... Hot Springs  
 \*Eckel, G. M. .... Hot Springs  
 Ellis, L. R. .... Hot Springs  
 Fletcher, Geo. B. .... Hot Springs  
 Garratt, Chas. E. .... Hot Springs  
 Gray, W. E. .... Hot Springs  
 Hebert, G. A. .... Hot Springs  
 Jackson, W. W. .... Hot Springs  
 Jarrell, Foster .... Hot Springs  
 King, Leon E. .... Hot Springs  
 King, O. H. .... Hot Springs  
 Klugh, W. G. .... Hot Springs  
 Knoefel, W. R. .... Hot Springs  
 Lautman, M. F. .... Hot Springs  
 Laws, Wm. V. .... Hot Springs  
 Lee, D. C. .... Hot Springs  
 Lutterloh, G. H. .... Hot Springs  
 MacLaughlin, O. J. .... Hot Springs  
 Martin, Louie .... Hot Springs  
 Merritt, J. F. .... Hot Springs  
 Moss, Chas. S. .... Hot Springs  
 Nims, C. H. .... Hot Springs  
 Pate, C. N. .... Hot Springs  
 Porter, W. F. .... Hot Springs  
 Power, Allyn .... Hot Springs  
 Preston, H. H. .... Hot Springs  
 Proctor, J. M. .... Hot Springs  
 Purdum, E. A. .... Hot Springs  
 Rowland, J. F. .... Hot Springs  
 Sanders, T. E. .... Hot Springs  
 Scott, Jett .... Hot Springs  
 Scully, F. J. .... Hot Springs  
 Shaw, Ernest .... Hot Springs  
 Shaw, J. B. .... Hot Springs  
 Short, Z. N. .... Hot Springs  
 Smith, Euclid .... Hot Springs  
 Smith, O. A. .... Hot Springs  
 Smith, W. K. .... Hot Springs  
 \*Snider, W. L. .... Hot Springs  
 Steele, S. B. .... Hot Springs  
 Stell, J. S. .... Hot Springs  
 Stough, D. B. .... Hot Springs  
 Strachan, J. B. .... Hot Springs  
 Sullivan, A. G. .... Hot Springs  
 Tarleton, F. S. .... Hot Springs  
 Tribble, A. H. .... Hot Springs  
 Wade, H. K. .... Hot Springs

Waldrop, J. G. .... Hot Springs  
 Wenger, O. C. .... Hot Springs  
 Wilkins, J. S. .... Hot Springs  
 Wootton, W. T. .... Hot Springs  
 Wright, H. K. .... Hot Springs

**GRANT COUNTY†**

Cole, C. F. .... Prattville  
 Hope, O. W. .... Sheridan  
 Kelly, Miles F. .... Sheridan  
 Kelly, O. R. .... Sheridan  
 Paxton, R. L. .... Sheridan

**GREENE COUNTY†**

Blackwood, J. D. .... Jonesboro  
 Bridges, G. P. .... Paragould  
 Cupp, R. W. .... Beech Grove  
 Dillman, J. A. .... Paragould  
 Ellington, W. E. .... Paragould  
 Haley, R. J. .... Paragould  
 Hardesty, C. A. .... Paragould  
 Hudgins, J. J. .... Paragould  
 Hutcherson, R. L. .... Delaplaine  
 Lamb, J. H. .... Paragould  
 Majors, W. M. .... Paragould  
 Scott, F. M. .... Paragould  
 Self, G. S. .... Paragould  
 Self, S. M. .... Morrilton

**HEMPSTEAD COUNTY†**

Allison, W. G. .... Hope  
 Autrey, J. R. .... Columbus  
 Cannon, G. E. .... Hope  
 Carrigan, P. B. .... Hope  
 Darnall, H. H. .... Columbus  
 Gentry, J. E. .... McCaskill  
 Kolb, A. C. .... Little Rock  
 Lile, L. M. .... Hope  
 Martindale, G. H. .... Hope  
 Martindale, J. G. .... Hope  
 McDonald, T. L. .... Hope  
 Robins, Roland R. .... Blevins  
 Robins, W. F. .... Ozan  
 Smith, Don .... Hope  
 Weaver, J. H. .... Hope

**HOT SPRING COUNTY**

Barrier, W. F. .... Malvern  
 Brown, H. L. .... Malvern  
 Hodges, W. G. .... Malvern  
 McCray, E. H. .... Malvern  
 Norton, J. M. .... Donaldson  
 Williams, J. M. .... Malvern

**HOWARD-PIKE COUNTY†**

Alford, T. F. .... Murfreesboro  
 Burleson, J. J. .... Antoine  
 Dickerson, D. A. .... Gurdon  
 Dildy, E. V. .... Nashville  
 Duncan, M. D. .... Murfreesboro  
 Gibson, W. M. .... Nashville  
 Gould, W. B. .... Glenwood  
 Holcombe, J. T. .... Mineral Springs  
 Holt, H. H. .... Nashville  
 Hopkins, J. S. .... Nashville  
 Roberts, J. L. .... Nashville  
 Simpson, W. B. .... Nashville  
 Toland, W. H. .... Nashville  
 Wood, R. L. .... Delight

**INDEPENDENCE COUNTY†**

Bone, O. L. .... Newark  
 Brown, H. H. .... Walnut Grove  
 Churchill, C. A. .... Batesville  
 Copp, Noel .... Calico Rock  
 Craig, M. S. .... Batesville  
 Estes, W. H. .... Cushman  
 Evans, L. T. .... Batesville  
 Gray, C. C. .... Batesville  
 Gray, F. A. .... Batesville  
 Harris, Chas. L. .... Melbourne  
 Hinkle, C. G. .... Batesville  
 Hooper, J. M. .... Batesville  
 Huskey, I. M. .... Cave City  
 Jeffery, Paul H. .... Bethesda  
 Johnston, O. J. T. .... Batesville  
 Jones, S. S. .... Calico Rock  
 Laman, G. T. .... Cave City  
 McAdams, V. D. .... Cord  
 \*Pascoe, V. L. .... Newark  
 Robertson, S. N. .... Sulphur Rock  
 Smith, R. L. .... Melbourne  
 Wilson, W. H. .... Oxford  
 Woods, O. S. .... Salem

**JACKSON COUNTY†**

Best, A. L. .... Newport  
 Causey, G. A. .... Swifton  
 Elton, A. M. .... Newport  
 Erwin, I. H. .... Newport  
 Gray, C. R. .... Newport  
 Harris, M. L. .... Newport  
 Ivy, J. B. .... Tuckerman  
 Jamison, O. A. .... Tuckerman  
 Kimberlin, K. K. .... Tuckerman

Morton, R. F. .... Swifton  
 Owens, M. B. .... Newport  
 Pierce, W. N. .... Tupelo  
 Stephens, G. K. .... Newport  
 Watson, E. L. .... Newport

**JEFFERSON COUNTY†**

Beard, J. C. .... Pine Bluff  
 Blackwell, O. G. .... Pine Bluff  
 \*Blankenship, W. H. .... Pine Bluff  
 Bruce, W. H. .... Pine Bluff  
 Capel, C. B. .... Pine Bluff  
 Capel, H. T. .... Pine Bluff  
 Caruthers, C. K. .... Pine Bluff  
 Clark, O. W. .... Pine Bluff  
 Cunningham, T. J. .... Pine Bluff  
 Dunaway, W. C. .... Newman, Ga.  
 Gill, J. F. .... Pine Bluff  
 Gurney, J. O. .... Pine Bluff  
 Hankison, O. C. .... Pine Bluff  
 Higinbotham, C. J. .... Pine Bluff  
 Hughes, A. A. .... Pine Bluff  
 Jenkins, J. S. .... Pine Bluff  
 John, J. W. .... Pine Bluff  
 Lemons, J. M. .... Pine Bluff  
 Lowe, W. T. .... Pine Bluff  
 Luck, B. D., Jr. .... Pine Bluff  
 Luck, B. D., Sr. .... Pine Bluff  
 Maynard, Ross .... Pine Bluff  
 McMullen, E. C. .... Pine Bluff  
 Palmer, J. T. .... Pine Bluff  
 Payne, Virgil .... Pine Bluff  
 Pittman, W. G. .... Pine Bluff  
 Scales, J. W. .... Pine Bluff  
 Shelton, M. A. .... Wabbaseka  
 Simmons, W. H. .... Pine Bluff  
 Spillyards, J. S. .... Pine Bluff  
 Troupe, A. W. .... Pine Bluff  
 Woods, R. P. .... Altheimer  
 Woodul, T. W. .... Pine Bluff

**JOHNSON COUNTY†**

Barger, M. I. .... Lamar  
 Boen, A. L. .... Clarksville  
 Burgess, M. E. .... Oraibi, Ariz.  
 Graves, S. M. .... Mt. Levi  
 Hardgrave, Geo. L. .... Clarksville  
 Hunt, Earle H. .... Clarksville  
 Hunt, W. R. .... Clarksville  
 Kolb, J. M. .... Clarksville  
 Kolb, J. S. .... Clarksville  
 \*Love, John G. .... Hartman  
 Mooney, J. D. .... Coal Hill  
 Pillstrom, E. W. .... Coal Hill  
 Siegel, G. R. .... Clarksville

**LAFAYETTE COUNTY†**

Baker, F. E. .... Stamps  
 Keith, A. W. .... Stamps  
 McKnight, J. F. .... Bradley  
 Sherman, S. T. .... Bradley  
 Youmans, F. W. .... Lewisville

**LAWRENCE COUNTY†**

Atkinson, G. S. .... Hardy  
 Ball, C. C. .... Ravenden  
 Brown, W. W. .... Williford  
 Cruse, E. J. .... Black Rock  
 Gibson, E. L. .... Alicia  
 Guthrie, T. C. .... Smithville  
 Hardaway, J. E. .... Lynn  
 Hatcher, W. W. .... Imboden  
 Henderson, A. G. .... Imboden  
 Hughes, J. C. .... Hoxie  
 Hukill, O. K. .... Hot Springs  
 Hull, H. B. .... Mammoth Spring  
 Johnston, Wm. .... Hardy  
 Kendall, W. S. .... Strawberry  
 McCarroll, H. R. .... Walnut Ridge  
 Neece, T. C. .... Walnut Ridge  
 Poindexter, J. C. .... Imboden  
 Rainwater, E. H. .... Walnut Ridge  
 Robinson, W. J. .... Portia  
 Tibbels, Chas. D. .... Black Rock  
 Watkins, G. Max .... Walnut Ridge

**LEE COUNTY†**

Bean, W. B. .... Marianna  
 Beaty, W. S. .... Rondo  
 Bogart, H. D. .... Marianna  
 Chaffin, C. W. .... Moro  
 Crawford, W. S. .... Marianna  
 Hodge, N. C. .... Marianna  
 Lewis, J. F. .... Oak Forest  
 Miller, J. C. .... Brickey  
 White, H. L. .... Rondo  
 Williamson, O. L. .... Marianna  
 Wilsford, A. L. .... Moro

**LINCOLN COUNTY†**

Collins, Thos. F. .... Star City  
 Dixon, Chas. W. .... Gould  
 Johnson, R. L. .... Grady  
 McKinney, Z. H. .... Gould

Ringgold, Geo. W. .... Gould  
Russell, M. H. .... Star City  
Tarver, Vernon .... Star City  
Thiolliere, A. C. .... Gould  
Williams, A. F. .... Cornerville  
Wood, G. C. .... Grady

LITTLE RIVER COUNTY

Castile, Herman .... Foreman  
Harding, C. A. .... Ashdown  
Phillips, P. H. .... Ashdown  
Ringgold, J. W. .... Ashdown  
York, W. W. .... Ashdown

LONOKE COUNTY

Beaty, S. S. .... England  
Benton, T. E. .... Lonoke  
Brewer, J. F. .... Kerrs  
Callahan, E. A. .... Carlisle  
Corn, F. A. .... Lonoke  
Crowgey, W. B. .... Scott  
Ellis, C. S. .... Lonoke  
Harris, E. H. .... Coy  
Lewis, John W. .... Keo  
Smith, H. B. .... Keo  
Utley, F. E. .... Cabot  
Ward, O. D. .... England  
Watson, Asa C. .... England  
Wells, J. B. .... Scott

MADISON COUNTY

Beeby, Chas. .... Huntsville  
Counts, Geo. D. .... Wesley  
Dixon, C. B. .... Kingston  
Hill, N. J. .... Hindsville  
Walker, J. F. .... Delhany  
Youngblood, Fred .... Huntsville

MILLER COUNTY

Beck, E. L. .... Texarkana  
Collom, S. A. Jr. .... Texarkana  
Dale, R. R. .... Texarkana  
Daniel, N. B. .... Texarkana  
Fuller, T. E. .... Texarkana  
Hawley, E. A. .... Texarkana  
Hibbitts, Wm. .... Texarkana  
Hunt, Preston .... Texarkana  
Kelley, K. M. .... Texarkana  
Kirkpatrick, R. R. .... Texarkana  
Kittrell, T. F. .... Texarkana  
Kosminsky, L. J. .... Texarkana  
Lanier, L. H. .... Texarkana  
Laws, C. S. .... Texarkana  
Lee, A. G. .... Texarkana  
Lennard, F. M. .... Texarkana  
Longino, H. E. .... Texarkana  
Mann, Albert H. .... Texarkana  
Middleton, B. C. .... Texarkana  
Murry, H. E. .... Texarkana  
Priest, Perry .... Texarkana  
Robins, R. R. .... Texarkana  
\*Smiley, H. H. .... Texarkana  
Smith, W. D. .... Texarkana  
Webster, H. R. .... Texarkana  
Williams, J. F. .... Texarkana

MISSISSIPPI COUNTY

Boyd, D. L. .... Blytheville  
Campbell, J. H. .... Joiner  
Cox, E. H. .... Wilson  
Ellis, N. B. .... Wilson  
Grimmett, W. A. .... Blytheville  
Harwell, C. M. .... Osceola  
Hosey, N. R. .... Joiner  
Hudson, Thos. F. .... Luxora  
Husband, F. L. .... Blytheville  
Johnson, I. R. .... Blytheville  
Johnson, R. L. .... Bassett  
Luckett, J. A. .... Dell  
Massey, L. D. .... Osceola  
Owen, W. M. .... Armorer  
Polk, J. T. .... Keiser  
Robinson, A. E. .... Leachville  
Robinson, F. A. .... Blytheville  
Saliba, J. A. .... Blytheville  
Sheddan, W. J. .... Osceola  
Sims, H. C. .... Blytheville  
Smith, F. D. .... Blytheville  
Stevens, C. C. .... Blytheville  
Tidwell, J. L. .... Dell  
Tipton, P. L. .... Blytheville  
Usrey, M. O. .... Blytheville  
Washburn, A. M. .... Blytheville  
Wilson, C. E. .... Blytheville

MONROE COUNTY

Boswell, W. L. .... Clarendon  
Bradley, W. T. .... Blackton  
Dalton, M. L. .... Brinkley  
Henry, C. A. .... State Sanatorium  
Martin, W. H. .... Holly Grove  
McKnight, C. H. .... Brinkley  
McKnight, E. D. .... Brinkley  
Murphey, N. E. .... Clarendon  
Nederhiser, M. I. .... Belleplaine, Iowa

Scarlett, W. P. .... Clarendon  
Terry, P. E. .... Holly Grove

MONTGOMERY COUNTY

McLean, J. H. .... Caddo Gap  
Robbins, J. D. .... Mount Ida

NEVADA COUNTY

Buchanan, A. S. .... Prescott  
Chastain, J. S. .... Prescott  
Dickey, A. B. .... Prescott  
Hesterly, J. B. .... Prescott  
Hesterly, S. J. .... Prescott  
Hirst, O. G. .... Prescott  
Shell, E. E. .... Prescott

OUACHITA COUNTY

Byrd, E. J. .... Bearden  
Clemens, J. P. .... Mt. Holly  
Early, C. S. .... Camden  
Hathcock, E. L. .... Bearden  
Hollingsworth, G. F. .... Hampton  
Jameson, J. B. .... Camden  
Kennerly, R. C. .... Camden  
McGill, S. D. .... Camden  
Partee, N. G. .... Stephens  
Plunkett, C. M. .... Elliott  
Powell, B. V. .... Camden  
Purifoy, W. A. .... Chidester  
Rhine, T. E. .... Thornton  
Rinehart, J. S. .... Camden  
Ritchie, C. E. .... Stephens  
Robins, R. B. .... Camden  
Rushing, J. L. .... Chidester  
Sanders, G. P. .... Stephens  
Thompson, H. F. .... Bearden  
Thompson, S. A. .... Camden  
Word, N. S. .... Camden

PHILLIPS COUNTY

Baker, J. P. .... West Helena  
Brown, E. T. .... Marvell  
Bruce, W. B. .... Marvell  
Butts, J. W. .... Helena  
Cox, Allen E. .... Helena  
Cox, Aris W. .... Helena  
Ellis, J. B. .... Helena  
Fink, M. .... Helena  
Henry, Morris ..... Helena  
King, J. A. .... Elaine  
King, W. C. .... Helena  
Kultgen, Edward .... Helena  
Maddox, A. H. .... Elaine  
Nicholls, J. W. .... Helena  
Orr, W. R. .... Helena  
Rightor, H. H. .... Helena  
Russwurm, W. C. .... Helena  
Storm, Geo. R. .... West Helena

POLK COUNTY

Hawkins, B. H. .... Mena  
Heller, H. G. .... Mena  
Hilton, J. G. .... Mena  
Lee, F. A. .... Vandervoort  
McElroy, F. Q. .... Mena  
Mullins, F. C. .... Wickes  
Murphey, J. H. .... Opal  
\*Watkins, P. R. .... Mena

POPE COUNTY

Cowan, Riley .... London  
Gardner, L. .... Russellville  
Hood, Robert .... Russellville  
Smith, John M. .... Russellville  
Smith, L. M. .... Russellville  
Smith, R. L. .... Russellville  
Tate, A. B. .... Russellville

PRAIRIE COUNTY

Adams, Edward .... DeValls Bluff  
Crockett, W. H. .... Biscoe  
Gilliam, J. C. .... Des Arc  
Lynn, J. R. .... Hazen  
Parker, Luke .... DeValls Bluff  
Parker, Wm. McKinley .... DeValls Bluff  
Porter, T. G. .... Hazen  
Williams, W. J. B. .... Des Arc  
Wilson, J. G. .... Ulm

PULASKI COUNTY

Adams, Richard M. .... Little Rock  
Aday, L. C. .... Little Rock  
Allen, Estes .... Little Rock  
Allen, H. R. .... Little Rock  
Arkebauer, C. A. .... Little Rock  
Atkinson, Shelby .... North Little Rock  
Autry, Paul G. .... Little Rock  
Bailey, W. E. .... Little Rock  
Banks, Jeff .... Little Rock  
Barrier, L. F. .... Little Rock  
Bennett, B. A. .... Little Rock  
Blakely, R. M. .... Little Rock  
Bond, S. P. .... Little Rock  
Brooks, C. M. .... Little Rock  
Brown, L. R. .... Little Rock

Brown, Thomas D. .... Little Rock  
Calcote, R. J. .... Little Rock  
Caldwell, Robert .... Little Rock  
Carruthers, F. W. .... Little Rock  
Cazort, Allen G. .... Little Rock  
Chambers, S. W. .... Little Rock  
Cheairs, D. T. .... Little Rock  
Chesnutt, C. R. .... Little Rock  
Choate, H. L. .... Little Rock  
Compton, John N. .... Little Rock  
Cook, R. C. .... Little Rock  
Coon, A. R. .... Little Rock  
Cosgrove, K. W. .... Little Rock  
Crawford, J. B. .... El Dorado  
Crawford, S. R. .... El Dorado  
Crow, Ed W. .... Little Rock  
Cummins, Bryce .... Little Rock  
Cunningham, J. C. .... Little Rock  
Davis, J. C. .... Little Rock  
Day, E. O. .... Little Rock  
DeGroat, A. F. .... Little Rock  
DeWolf, H. F. .... Little Rock  
Dibrell, J. R. .... Little Rock  
Eubanks, R. M. .... Little Rock  
Fly, T. M. .... Little Rock  
Freemeyer, W. N. .... Little Rock  
Fulmer, P. M. .... Little Rock  
Fulmer, S. C. .... Little Rock  
Gann, Dewell, Jr. .... Little Rock  
Gay, E. C. .... Little Rock  
Gray, A. F. .... Little Rock  
Gray, Oscar .... Little Rock  
Grayson, W. B. .... Little Rock  
Hardeman, Daniel R. .... Little Rock  
Harris, R. P. .... Sykesville, Md.  
Hastings, Gordon .... Little Rock  
Hayes, John H. .... Little Rock  
Hayes, John M. .... Little Rock  
Henry, J. Lamont .... Little Rock  
Higgins, H. A. .... Little Rock  
Hinkle, S. B. .... Little Rock  
Hoge, S. F. .... Little Rock  
Holmes, Glen M. .... Little Rock  
Howell, A. R. .... North Little Rock  
Hubener, L. L. .... Osceola  
Hundling, H. W. .... Little Rock  
\*Hurtle, F. E. .... Little Rock  
Hyatt, D. T. .... Little Rock  
Jackson, Geo. F. .... Little Rock  
Jobe, A. L. .... Little Rock  
Johnson, Glenn H. .... Little Rock  
Jones, H. F. H. .... Little Rock  
Jones, Jas. E. .... Little Rock  
Junkin, S. P. .... Little Rock  
Kilbury, M. J. .... Little Rock  
Kirby, A. C. .... Little Rock  
Kory, R. C. .... Little Rock  
Kriesel, W. A. .... Little Rock  
Lamb, W. A. .... Little Rock  
Langston, Wm. C. .... Little Rock  
Law, R. A. .... Little Rock  
Leverett, M. B. .... Little Rock  
Levy, Jerome S. .... Little Rock  
Lewis, Geo. V. .... Little Rock  
Lyons, V. E. .... Little Rock  
Mahoney, P. L. .... Little Rock  
Matthews, W. M. .... Little Rock  
May, C. B. .... Little Rock  
May, John R. .... Little Rock  
McCaskill, M. E. .... Little Rock  
McCormack, G. A. .... Little Rock  
McLochlin, R. E. .... Little Rock  
McRae, W. M. .... Little Rock  
Melson, Madeline M. .... Little Rock  
Melson, O. C. .... Little Rock  
\*Miller, W. H. .... Little Rock  
Milliken, Robt. A. .... Little Rock  
Murphey, Pat .... Little Rock  
Newman, W. V. .... Little Rock  
Oates, Chas. E. .... North Little Rock  
Parmley, L. V. .... Little Rock  
Parsons, John E., Jr. .... Little Rock  
Parsons, W. R. .... Little Rock  
Patterson, R. Q. .... Little Rock  
Pirnique, A. F. .... Little Rock  
Ponder, E. T. .... Little Rock  
Reagan, G. W. .... Little Rock  
Reagan, L. D. .... Little Rock  
Reed, C. C. .... Little Rock  
Reed, C. C., Jr. .... Little Rock  
Rhinehart, B. A. .... Little Rock  
Rhinehart, D. A. .... Little Rock  
Richardson, W. R. .... Little Rock  
Riegler, N. W. .... Little Rock  
Roberts, J. N. .... Little Rock  
Robinson, B. L. .... Little Rock  
Rodgers, Clyde D. .... Little Rock  
Rogers, F. O. .... Little Rock  
Roe, J. L. .... Little Rock  
Sadler, W. L. .... Little Rock



Sanderlin, J. H. Little Rock  
 Sanford, S. M. Little Rock  
 Saxon, R. L. Little Rock  
 Scott, Homer Little Rock  
 Shearer, W. F. Little Rock  
 \*Sheppard, J. P. Little Rock  
 Shipp, A. C. Little Rock  
 Shipp, Harvey Little Rock  
 Shuffield, J. F. Little Rock  
 \*Smith, Morgan Little Rock  
 Smith, Randolph T. Little Rock  
 Smith, W. F. Little Rock  
 Snodgrass, W. A. Little Rock  
 Strauss, A. W. Little Rock  
 Summers, J. A. North Little Rock  
 Switzer, D. M. North Little Rock  
 Thatcher, Harvey S. Little Rock  
 Thomas, P. E. Little Rock  
 Thompson, E. I. Little Rock  
 Thompson, G. D. Little Rock  
 Vinsonhaler, Frank Little Rock  
 Wallis, Chas. Little Rock  
 Wassell, C. M. Little Rock  
 Watkins, Anderson Little Rock  
 Watkins, John G. Little Rock  
 Wayne, J. R. Little Rock  
 Wayne, W. D. Little Rock  
 Webb, V. T. Little Rock  
 Weny, N. F. Little Rock  
 White, E. H. Little Rock  
 Wilson, P. W. Little Rock  
 Witt, C. E. Little Rock

#### RANDOLPH COUNTY

Baltz, M. A. Pocahontas  
 Brown, J. W. Pocahontas  
 Finney, Clarence Maynard  
 Hamill, W. E. Pocahontas  
 Handley, E. L. Pocahontas  
 Loftis, J. R. Pocahontas  
 Ryburn, J. W. Pocahontas  
 Smith, J. E. Reyno  
 Smith, R. Oscar Biggers

#### SAINT FRANCIS COUNTY†

Bogart, C. N. Forrest City  
 Bogart, J. A. Forrest City  
 Boggan, P. P. Forrest City  
 Caldwell, A. B. Forrest City  
 Chaffin, E. J. Hughes  
 Darnall, Ernest Colt  
 Davidson, J. S. Forrest City  
 McClendon, H. L. Palestine  
 McCown, N. C. Forrest City  
 Powell, C. V. Round Pound  
 Rush, J. O. Forrest City  
 Winter, W. A. Widener

#### SALINE COUNTY†

Blakely, M. M. Benton  
 Buckley, E. A. Bauxite  
 Burks, J. A. Benton  
 Fulmer, D. W. Benton  
 Gann, Dewell, Sr. Benton  
 Jones, C. W. Benton  
 Walton, Charles Leavenworth, Kan.  
 Ward, W. W. Alexander  
 Watson, Thos. C. Benton

#### SCOTT COUNTY

Bevill, Cheves Waldron  
 Burnett, J. A. Waldron  
 Duncan, B. W. Waldron  
 Duncan, F. R. Waldron  
 Duncan, L. D. Waldron  
 Holitik, Geo. F. Waldron  
 Sorrell, L. B. Waldron

#### SEARCY COUNTY†

Bing, E. A. Gilbert  
 Cotton, J. O. Leslie  
 Daniel, Sam G. Marshall  
 Fendley, E. G. Leslie  
 Henley, J. A. Marshall  
 Leslie, J. O. Marshall  
 Pate, J. C. Leslie  
 Rogers, W. F. St. Joe  
 Wood, E. W. Marshall

#### SEBASTIAN COUNTY†

Amis, J. W. Fort Smith  
 Benefield, C. E. Fort Smith  
 Benefield, J. H. Fort Smith

Billingsley, C. B. Fort Smith  
 Blair, A. A. Fort Smith  
 Brooksher, W. R. Fort Smith  
 Buckley, J. H. Fort Smith  
 Bungart, C. S. Fort Smith  
 Coffman, J. S. Lavaca  
 Dorente, D. R. Fort Smith  
 Dorsey, H. C. Fort Smith  
 Eberle, W. G. Fort Smith  
 Epler, E. G. Lone  
 Foltz, J. A. Fort Smith  
 Foster, M. E. Fort Smith  
 Freer, B. W. Fort Smith  
 Goldstein, D. W. Fort Smith  
 Hall, C. W. Greenwood  
 Henry, L. M. Fort Smith  
 Hoge, A. F. Fort Smith  
 Holt, C. S. Fort Smith  
 Honomichl, O. R. Hackett  
 \*Jeffery, T. E. St. Augustine, Fla.  
 Johnson, Hugh Fort Smith  
 Johnson, J. E. Fort Smith  
 Jones, E. B. Hartford  
 Jones, I. F. Fort Smith  
 Kennedy, C. H. Fort Smith  
 Kennedy, Virgil N. Newkirk, Okla.  
 Krock, F. H. Fort Smith  
 McConnell, S. P. Booneville  
 Means, C. S. Fort Smith  
 Moulton, E. C. Fort Smith  
 Moulton, H. Fort Smith  
 Nowlin, R. R. State Sanatorium  
 Ogden, J. C. Fort Smith  
 Redman, Pierre Fort Smith  
 Riley, J. D. State Sanatorium  
 Rose, W. F. Fort Smith  
 Scott, M. H. Jenny Lind  
 Smith, Raymond T. Fort Smith  
 Smith, H. H. Fort Smith  
 Southard, J. D. Fort Smith  
 Southard, J. S. Fort Smith  
 \*Stevenson, E. H. Fort Smith  
 Stevenson, J. E. Fort Smith  
 Stubbs, S. P. Fort Smith  
 Taylor, J. M. Fort Smith  
 Ware, B. L. Greenwood  
 Willingham, J. J. State Sanatorium  
 Wolfermann, S. J. Fort Smith  
 Woods, G. G. Huntington  
 Woods, Wm. Merle Huntington  
 Wyatt, R. B. Sulphur Springs  
 Yankoff, P. D. Fort Smith

#### SEVIER COUNTY†

Archer, C. A. DeQueen  
 Clingan, A. J. DeQueen  
 Dickinson, R. C. Horatio  
 Graves, J. C. Lockesburg  
 Hanchey, C. C. DeQueen  
 Hendrix, Ben E. Gillham  
 Hopkins, R. L. DeQueen  
 Jones, I. G. DeQueen  
 Kitchens, C. E. DeQueen  
 Norwood, M. L. Lockesburg

#### UNION COUNTY†

Bottomf, M. K. Strong  
 Cathey, A. D. El Dorado  
 Clark, James F. El Dorado  
 Cullins, J. G. North Chicago, Ill.  
 \*Elkins, W. N. Junction City  
 Fincher, L. G. El Dorado  
 Hardin, M. A. Norphlet  
 Harper, John W. El Dorado  
 Irby, F. L. El Dorado  
 Kennedy, C. E. Smackover  
 Kitchens, D. K. El Dorado  
 LeVine, David El Dorado  
 Mahony, F. O. El Dorado  
 Mayfield, H. F. Huttig  
 McCall, Daniel Lawson  
 McGraw, S. J. El Dorado  
 Mitchell, J. G. El Dorado  
 Moore, B. L. El Dorado  
 Moore, J. A. El Dorado  
 Munn, E. J. El Dorado  
 Murphy, G. D. El Dorado  
 Murphy, H. A. El Dorado  
 Newton, W. L. Smackover  
 \*Purifoy, L. A. El Dorado  
 Purifoy, L. L. El Dorado

Ritterman, Henry Norphlet  
 Rowland, R. E. Little Rock  
 Russell, M. V. El Dorado  
 Sheppard, J. K. Signourney, Ia.  
 Sheppard, J. M. El Dorado  
 \*Slaughter, J. H. Kilgore, Texas  
 Slaughter, J. W. El Dorado  
 Smith, D. V. Huttig  
 Smith, J. M. Smackover  
 Vines, F. P. El Dorado  
 White, D. E. El Dorado  
 Wharton, J. B. El Dorado  
 Winborn, C. D. El Dorado  
 Wozencraft, W. L. El Dorado

#### WASHINGTON COUNTY†

Baggett, Jeff Prairie Grove  
 Bridgeforth, D. O. Fayetteville  
 Callen, Clyde B. Fayetteville  
 Cooper, T. L. Elm Springs  
 Delaney, J. P. Fayetteville  
 Ellis, E. F. Fayetteville  
 Ellis, Ruth Fayetteville  
 Fowler, W. A. Fayetteville  
 Gilbert, A. A. Fayetteville  
 Gray, T. E. Winslow  
 Gregg, A. S. Fayetteville  
 Harr, H. T. Fayetteville  
 Hathcock, Alfred Fayetteville  
 Hathcock, P. L. Fayetteville  
 Hathcock, P. L., Sr. Fayetteville  
 Haugen, I. J. Prairie Grove  
 Henry, H. B. Fayetteville  
 Henry, R. T. Springdale  
 Houston, Hugh West Fork  
 Howze, H. H. Fayetteville  
 James, W. A. Fayetteville  
 McCormick, E. G. Prairie Grove  
 Mock, W. H. Prairie Grove  
 Morrow, F. R. Fayetteville  
 Richardson, Fount Fayetteville  
 Riggall, Cecil Prairie Grove  
 Roberts, D. C. Fayetteville  
 Robinson, James A. Summers  
 Sisco, C. P. Springdale  
 Walker, J. W. Fayetteville  
 Wallace, J. M. Fayetteville  
 Wentz, H. B. Elkins  
 Wood, H. D. Fayetteville

#### WHITE COUNTY

Abington, E. H. Beebe  
 Allbright, S. J. Searcy  
 Clark, W. A. Bald Knob  
 Dunklin, A. J. Searcy  
 Felts, W. R. Judsonia  
 Hardy, F. P. Searcy  
 Havner, J. B. Beebe  
 Hawkins, M. C. Searcy  
 Hudgins, A. H. Searcy  
 Parker, Orle Searcy  
 Peeler, C. M. Pangburn  
 Sloan, D. W. Beebe  
 Sloan, J. R. Garner  
 Spain, A. L. Letona  
 Walls, J. M. Searcy  
 Woodyard, W. H. L. Judsonia

#### WOODRUFF COUNTY†

Biles, L. E. Augusta  
 Brewer, E. F. Augusta  
 Brewster, B. McCrory  
 Brown, E. B. Cotton Plant  
 Duncan, C. E. Augusta  
 Evans, R. H. McCrory  
 Fraser, R. L. McCrory  
 Hays, J. F. Augusta  
 Maguire, F. C. Augusta  
 Mathis, W. J. Cotton Plant  
 Morris, J. W. McCrory  
 Murphy, Frank Lexa  
 Smith, R. N. Augusta  
 West, J. H. Grays  
 Wilkins, W. T. Cotton Plant

#### YELL COUNTY†

Ballenger, W. E. Plainview  
 Grace, Kent Danville  
 Grace, John Belleville  
 Haster, E. J. Dardanelle  
 Millard, Roy I. Dardanelle  
 Montgomery, H. L. Plainview  
 Teeter, Chas. R. Pottsville

The membership roster of the Arkansas Medical Society for 1935 has been placed in the center of this issue of THE JOURNAL in order that it may be readily removed for filing.

## PROCEEDINGS OF SOCIETIES

Members of the Garland County Medical Society presented a Symposium on the Menopause at a joint dinner session with the Sebastian County Medical Society, held in Fort Smith October 8th. Speakers and their subjects were: General Aspects, W. G. Klugh; Cardio-vascular Aspects, A. G. Sullivan; Mental Disturbances, Geo. Fletcher; Endocrine Therapy, C. H. Lutterloh; Surgery, W. W. Chamberlain; X-ray Therapy, W. E. Gray, and Post-menopausal Hemorrhage, G. A. Hebert.

Members of the Sevier County Medical Society and of the Auxiliary met in a social session at the home of Dr. and Mrs. C. A. Archer, DeQueen, October 10th.

The Lawrence County Medical Society met with C. D. Tibbels at Black Rock October 8th with C. C. Ball, Ravenden, presenting a paper on "Scarlet Fever."

The St. Francis County Medical Society met with C. V. Powell at Round Pond, September 27th for the following program: "Diseases of the Nose, Throat and Sinuses," Likely Simpson, Memphis, and "Allergy," J. P. Henry, Memphis.  
J. O. RUSH, Secretary.

The Fifth Annual Conference of the Leo N. Levi Memorial Hospital and the Charles Steinberg Clinic in collaboration with the Army and Navy Hospital and the Garland County Medical Society was held in Hot Springs National Park October 15-16th. Guest speakers were: Joseph Earle Moore, Baltimore, "Diagnosis and Treatment of Neurosyphilis"; Paul S. Carley, Hot Springs National Park, "Pellagra"; S. J. Wolfertman, Fort Smith, "Dysmenorrhea"; George V. Lewis, Little Rock, "Early Diagnosis of Carcinoma of the Breast"; S. B. Hinkle, Little Rock, "Obstetrical Emergencies"; William B. Long, New York, "Medical Aspects of Syphilis in a General Hospital"; C. N. Myers, New York, "Functional Disturbances of the Liver following Anti-syphilitic Therapy: Hepatitis and Acute Yellow Atrophy"; and Col. W. H. Moncrief, Lt. Col. W. I. Sheep and Major C. E. Dovell, Army and Navy General Hospital, Hot Springs National Park. Clinics and luncheon meetings were held each day at the Leo N. Levi Memorial Hospital and an evening banquet session with scientific program was held at the Army and Navy Hospital October 15th. The meeting concluded with a banquet at the Arlington Hotel October 16th.

The Benton County Medical Society held a dinner session at Rogers October 10th. The following program was presented: "Some New Methods for Treatment of Fractures," F. Walter Carruthers, and "Common Diseases of the Skin and Their Treatment," Geo. F. Jackson, Little Rock.

GUY HODGES, Secretary.

The Second Councilor District Medical Society met in dinner session at Batesville October 14th. Speakers were: Joe F. Shuffield, Little Rock, "The Value of Organized Medicine;" W. R. Blue, Memphis, "Undulant Fever;" S. B. Hinkle, Little Rock, "Obstetrical Emergencies," and W. R. Brooksher, Fort Smith, "The Present Status of Radium Therapy." Officers elected were Paul Jeffery, Bethesda, President; A. J. Dunklin, Searcy, Vice-president, and O. J. T. Johnston, Batesville, Secretary-treasurer. The Society will next meet at Heber Springs.

The Fifth Councilor District Medical Society met in dinner session at Camden October 3rd for the following program: "County and State Society Relationship," M. E. McCaskill, Little Rock; "X-ray Diagnosis of Chronic Appendicitis," S. C. Barrow, Shreveport; and "Skin Cancer," D. A. Rhinehart, Little Rock.

S. A. THOMPSON, Secretary.

### ANNOUNCEMENT OF EXAMINATION FOR APPOINTMENT AS ASSISTANT SURGEON IN THE RESERVE CORPS OF THE U. S. PUBLIC HEALTH SERVICE.

An examination for entrance into the Reserve Corps of the United States Public Health Service in the grade of Assistant Surgeon is hereby announced to be held November 18, 1935. Applicants must not have passed their thirtieth birthday. They must be graduates of a reputable medical college and have completed at least one year of internship since graduation, or its equivalent. Successful candidates will be ordered to active duty in the Reserve Corps, in which it is expected that vacancies will occur soon after January 1, 1936, and will be eligible for examination for entrance into the regular commissioned corps when such examinations are held, provided they have not passed their thirty-second birthday.

The compensation of officers in the grade of Assistant Surgeon in the Reserve Corps is the same as that for officers in the Regular Corps; namely, with dependents, \$3,158 per annum; without dependents, \$2,699 per annum.

Boards will be appointed in various cities throughout the United States so as to avoid as much travel as possible, which, if necessary, must be made at the candidate's own expense.

Persons desiring permission to take this examination should make request to the Surgeon General, U. S. Public Health Service, Washington, D. C., for the necessary blanks and other information.



## AUXILIARY NEWS

The twelfth annual Convention of the Woman's Auxiliary to the Southern Medical Association will meet in St. Louis, November 19, 20, 21, 22, 1935.

The Pre-convention Board Meeting will convene Wednesday, November 20th, Hotel Jefferson, 9:30 a. m. Each state is entitled to send her president, two delegates and two alternates to the convention, to form with the Auxiliary officers and Chairmen, the voting authority of the Auxiliary.

This is a brief of the business sessions. Each has been timed and we promise that adjournment will be when designated or earlier:

Register: Hotel Jefferson, November 19, 20, 21, 22, 1935. Pre-convention Board meeting, Hotel Jefferson, 9:30 a. m., Wednesday, November 20, 1935.

Opening meeting with luncheon, Hotel Jefferson, Wednesday, November 20, at 12:30 p. m. All women attending the Convention are invited to attend. Tickets may be secured when registering.

Immediately following the luncheon, there will be a Round Table Conference with five minute exposition of plans on Organization, Health Education (program), Hygeia, History and Archives. Each talk will be followed by questions from members. All women at luncheon are invited to attend this conference which will adjourn at 3:15 p. m. It is necessary for members who are not officers and chairmen to attend, because they are equally important in fulfilling the objectives of the Auxiliary and should understand Auxiliary functions.

Thursday, November 21st. The annual meeting will be called at 9:30 a. m., with adjournment at 12:30 p. m. or earlier.

Special Addresses:

Wednesday, Luncheon meeting by Dr. H. Marshall Taylor, Florida, President S. M. A.

Advisory Committee, two minutes each for the three.

Mrs. Rogers N. Herbert, Tennessee, President National Auxiliary.

Thursday: Mrs. David N. Long, Missouri, Chairman Public Relations Committee, National Auxiliary.

Thursday, 9:30 a. m. Post-convention Board, Mrs. Oliver Hill, President, presiding.

The St. Louis and the Missouri Auxiliaries send us gracious assurances of welcome, attention and hospitality. Let us honor our Medical Profession and acknowledge the invitation and generous reception of the hostess Auxiliaries by attending this Convention.

Cordially yours,

MARGUERITE B. WHITE.

(Mrs. J. Bonar White)

### AUXILIARY IN FALL MEETING

#### Board of Unit of State Medical Society Discusses Program

Plans for promotion of health education in co-operation with other organizations, and distribution of "Hygeia," official magazine of the American Medical Association, were discussed at the fall board meeting, October 4th, at the Albert Pike hotel, of the Auxiliary to the Arkansas Medical Society.

The entire session was devoted to discussion of the plans and progress for their development by the board members, chairmen of standing committees, district and county presidents. Twenty-three were at the meeting,

presided over by Mrs. Marcus T. Smith, of Conway, state auxiliary president. A luncheon at noon followed the board meeting.

Those present included: Mrs. J. T. McLain of Gurdon, president-elect; Mrs. Pierre Redman of Fort Smith, first vice president; Mrs. Curtis Jones, of Benton, second vice president. Mrs. H. E. Murry, of Texarkana, third vice president; Mrs. L. A. Carter, of Berryville, fourth vice president; Mrs. B. A. Rhinehart of Little Rock, recording secretary; Mrs. B. A. Bennett of Little Rock, treasurer; Mrs. D. W. Goldstein of Fort Smith, publicity secretary; Mrs. S. A. Collom of Texarkana, parliamentarian; Mrs. William Hibbitts of Texarkana, councillor; Mrs. Charles E. Oates, councillor, and other district councillors, county president or chairmen of standing committees, including: Mrs. R. C. Kory, Little Rock; Mrs. C. E. Kitchens, DeQueen; Mrs. T. G. Porter, Hazen; Mrs. O. J. T. Johnson, Batesville; Mrs. W. T. Wootton, Hot Springs; Mrs. E. A. Callahan, Carlisle; Mrs. J. B. Wharton, El Dorado; Mrs. E. E. Barlow, Dermott; Mrs. Homer Dickens, DeWitt; Mrs. C. E. Garratt, Hot Springs, and Mrs. H. T. Smith of McGehee.

### MRS. J. T. MOORE, TEXAS MEDICAL AUXILIARY HEAD, GUEST AT LUNCHEON

Members of the Womans' Auxiliary to the Bowie and Miller Medical Societies had the privilege of entertaining the Texas State Auxiliary president, Mrs. J. T. Moore, of Houston, October 3rd, at a luncheon meeting which took place in the main dining room of Hotel Grim, with Mrs. Allen Collom, Jr., presiding.

Preceding Mrs. Moore's address, Miss Cora Cook, accompanied by Mrs. William Hibbitts, played two lovely violin numbers for the pleasure of the guests.

Mrs. Moore, who expressed her pleasure at meeting with the Texarkana women again, gave a brief resume of the social activity at the American Medical Auxiliary session held in Atlantic City, N. J., this year, and then emphasized the importance of Auxiliary work in the state of Texas for this year. She particularly stressed cooperation with other civic organizations and schools in carrying on a health program in the community.

Covers were laid for Mrs. Seth Downes (Ashdown), Mrs. J. T. Porter, Mrs. Phillips (Ashdown), Mrs. Moore, Mrs. E. L. Beck, Mrs. S. A. Collom, Mrs. Allen Collom, Jr., Mrs. T. E. Fuller, Mrs. William Hibbitts, Mrs. C. E. Kitchens, Mrs. T. F. Kittrell, Mrs. L. H. Lanier, Mrs. Albert Mann, Mrs. H. E. Murry, Mrs. George Parson, Mrs. J. T. Robison, Mrs. Decker Smith, Mrs. J. E. Tyson, Dr. Frances Spinka, Mrs. N. B. Daniel, Mrs. Corinne Thomas, Mrs. J. Q. Mahaffey, Jr., and Mrs. C. T. Drennan, Hot Springs.

The Auxiliary to the Washington County Medical Society met for a dinner meeting at the Washington Hotel. The president, Mrs. Loyce Hathcock, was in the chair. Mrs. Jeff Baggett, chairman of the Public Relations Committee, reported that the Cancer picture, to be presented by Dr. D. W. Goldstein, would be shown at the Royal Theatre, October 25th, 1935, at 3:00 p. m.

The Woman's Auxiliary to the Arkansas Medical Society mourns the death of Mrs. J. J. Morrow, of Cotter, Arkansas, June 23, 1935.

Our heartfelt sympathy to her bereaved family and to the Ninth Councillor District Auxiliary, of which she was a faithful and active member.

**MEDICAL AUXILIARY MEETS AT LUNCHEON**

The first meeting for fall of the auxiliary to the Garland County Medical Society was held at luncheon at the Arlington hotel. Mrs. W. T. Wootton, president, presided. Mrs. William H. Moncrief, wife of the commanding officer at the Army and Navy Hospital, was a guest of honor.

Plans were made for the entertainment of the state convention of the Medical Society and auxiliary meeting in three-day session in Hot Springs in April. The work of the auxiliary for the year and especially the Christmas projects was also discussed. The filling of Christmas stockings will again be a project this year, it was announced. These stockings annually bring joy to the hearts of many children during the Yuletide season.

Mrs. W. E. Gray was appointed chairman of the Public Relations Committee, probably the most important committee in the auxiliary. It is the duty of this committee to arrange with Parent-Teacher organizations of the city to furnish speakers, selected from the Garland County Medical Society, to discuss the subject of health at meetings of these groups.

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**CORRESPONDENCE**


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October 7, 1935.

Dr. W. R. Brooksher, Sec'y.,  
Arkansas Medical Society,  
Fort Smith, Arkansas.

Dear Doctor Brooksher:

Will you please call to the attention of the County Medical Societies the following suggested program from the Cancer Control Committee:

1. That each County Society have a program at one of their meetings on Early Diagnosis and Treatment of Cancer.
2. That each County Society hold a public meeting in the respective counties for the purpose of educating the public in the importance of early diagnosis of cancer, this program to be conducted by the local doctors.
3. We believe such a scheme would first interest the profession at large as to the importance of early recognition of cancer and by these public meetings many laymen will be interested and many cases brought to the physicians at a much earlier time. This scheme has another advantage in that it will let the public know that the Arkansas Medical Society is interested in its welfare.

We also suggest that the Medical Society request cooperation of the local medical auxiliary for the public meetings. The Cancer Control Committee has a film to be shown to the public and also one of interest to be shown at the Society meeting for their members. We will be glad to furnish literature to be distributed at the public meeting.

The Cancer Control Committee will be glad to cooperate. Please inform us of programs on Cancer Control that have been presented.

Very truly yours,

D. W. Goldstein, Chairman,  
R. L. Saxon, Little Rock,  
M. J. Kilbury, Little Rock.  
Cancer Control Committee,  
Arkansas Medical Society.

**BOOK REVIEWS**

**Living Along With Heart Disease.** By Louis Levin, M. D., Cardiologist to the St. Francis Hospital and New Jersey State Prison Hospital, Trenton, N. J. With a foreword by Thomas M. McMillan, M. D., Associate Professor of Cardiology, Graduate School of Medicine, University of Pennsylvania. Cloth. Price, \$1.50. Pp. 126. New York: The Macmillan Company, 1935.

This volume shows the physician why he should be optimistic in treating patients with heart disease. It also explains to the patient why he should be optimistic although he has an incurable organic heart disease.

The high spots of the symptoms and treatment of heart diseases are covered briefly but intelligently.

The reading of this book is beneficial to the patient as well as the physician.

**The American Illustrated Medical Dictionary.** A complete Dictionary of the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, Veterinary Science, Biology, Medical Biography, etc. By W. A. Newman Dorland, A.M., M.D., F.A.C.S., Lieut-Colonel M.R.C., U. S. Army; Member of the Committee on Nomenclature and Classification of Diseases of the American Medical Association. With the Collaboration of E. C. L. Miller, M. D., Medical College of Virginia. Seventeenth Edition, Revised and Enlarged. Octavo of 1573 pages with 945 illustrations, including 283 portraits. Philadelphia and London: W. B. Saunders Company, 1935. Flexible and Stiff Binding. Plain \$7.00 net; Thumb Index \$7.50 net.

The new edition of this deservedly famous dictionary shows careful editorial supervision. All recent changes and additions to medical nomenclature are contained in this latest work. The historical and biographical aspects of medical terms are given their usual careful attention. The illustrations are well-chosen and typographically excellent. The former attractive appearance and handy size of the volume are features whose retention is commended.

**The Principles and Practice of Urology.** By Frank Hinman, A. B. Leland Stanford Junior University; M. D. Johns Hopkins Medical School. Clinical Professor of Urology at the University of California Medical School. 1111 pages with 513 illustrations and 48 tables. Philadelphia and London: W. B. Saunders Company, 1935. Cloth, \$10.00 net.

The author clearly discusses the many problems and phases of the principles and practices of urology and this is one of the most excellent contributions to this field. The author not only takes up the fundamental principles of urology but goes into detail in all the phases in a most concise and intellectual form.

The most outstanding feature of this book is the discussion and illustration of the different stages of development given in the chapter on comparative anatomy and genital association. A more definite understanding of the facts of comparative anatomy puts one in a position to appreciate properly the orderly development of the urogenital tract in man. Each portion of the tract is clearly explained from an anatomical and physiological standpoint.



A knowledge of the topographical anatomy of the urogenital tract is important in relation to differential diagnosis and surgery in urological conditions. The perineal, suprapubic and lumbar are the common routes of surgical procedure and each is explained minutely.

The author gives a limited discussion on the significance of urological symptoms, careful physical examination, radiography, endoscopic and cystoscopic examinations, and various function tests which are valuable in making a correct diagnosis of urinary tract pathology.

One entire section is devoted to anomalies of development, obstructions, infections and lithiasis of the urogenital tract. The classifications of specific and non-

specific urogenital infections are probably the most outstanding that have been given to the urological field.

The chapter on urinary lithiasis is of particular importance and interest in dealing with the etiology, pathological changes and treatment of these conditions. The author discusses the most scientific idea in dealing with diets rich in vitamin "A," particularly Halibut and Cod Liver Oil.

Every doctor should have this book in his library if for no other reason than for its composite description and treatment. This book is invaluable to any one in the field of urology and would be of most interest to those dealing with general diagnosis and treatment.

—H. F. H. JONES.

## DOCTOR—WHY DO YOU ATTEND MEETINGS? FOR KNOWLEDGE? FOR PLEASURE?

In either case you cannot afford to overlook the  
Eighth Annual Spring Conference of  
**DALLAS SOUTHERN CLINICAL SOCIETY**  
March 16th, 17th, 18th, 19th, 1936

These outstanding Medical Educators offer **KNOWLEDGE**:

DR. EDGAR G. BALLENGER, Atlanta  
*Urology*

DR. HANS BARKAN, San Francisco  
*Ophthalmology*

DR. FRANCIS G. BLAKE, New Haven  
*Medicine*

DR. ALAN G. BROWN, Toronto  
*Pediatrics*

DR. LOUIS A. BUIE, Rochester  
*Proctology*

DR. WILLIAM R. CUBBINS, Chicago  
*Surgery*

DR. C. FREDERIC FLUHMANN, San Francisco  
*Obstetrics*

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# THE JOURNAL

## of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXII

LITTLE ROCK, ARKANSAS, DECEMBER, 1935

No. 7

### THE USE AND ABUSE OF DIGITALIS\*

ARTHUR G. SULLIVAN, M. D., F. A. C. P.,  
Hot Springs National Park.

Not so many years ago a heart specialist could be described as one who knew when to prescribe digitalis and when not. Notwithstanding the recent advances in cardiac therapy, digitalis medication still remains the foundation stone of treatment of the failing heart.

Because of the brilliant success enjoyed in many of those cases in which digitalis is particularly indicated, there is a temptation to employ it in all cases of real or even suspected heart disease, often with a most disappointing lack of effect, or even worse, with harmful results. To enable us to arrive at a decision as to the use of digitalis in a given case of heart failure it is worth while to recall to mind the known pharmacological effects of the drug.

#### Action of Digitalis.

For practical clinical purposes we may consider digitalis as having two principal actions on the heart. The first effect is on conduction, principally on the main conducting tract between auricles and ventricles, the auriculoventricular node and bundle. The second principal effect of digitalis is on contraction. This is not as well understood as is the first action. My own interpretation is that it maintains a better muscle tone thereby preventing too great a relaxation during diastole, and increasing the effectiveness of the contraction. As a rather crude illustration, the fist can be clenched more effectively from a semi-relaxed position of the fingers than it can when the fingers are fully extended. This effect on cardiac contraction I feel occurs only if the diastolic expansion is too great, in other words only if there is dilatation of the heart.

Digitalis exerts some effect on other parts of the body, but usually only in toxic doses. Nausea and vomiting are the most common. This is a reflex action and is not due to local irritation as is sometimes erroneously considered to be the

case. When nausea and vomiting are present, due to congestive failure and before digitalis has been used, the proper exhibition of the drug by the intramuscular or intravenous route will alleviate the condition. It seems to me that the claim of superiority made for certain preparations of digitalis on the basis that they will not cause gastric distress is rather extravagant. A preparation which will not cause nausea or other toxic symptoms in large doses to my mind will not yield proper clinical results in therapeutic doses. Less common toxic effects are diarrhea and visual disturbances, blurring of vision or color changes, usually yellow or green.

Keeping in mind the two principal therapeutic effects of digitalis, i. e., the slowing of conduction through the A-V node, and the increased efficiency of the muscular contraction in dilatation, we can deduce the conditions in which digitalis will be most effective.

The outstanding effect is that obtained in auricular fibrillation. In this condition, as you will recall, the auricles are activated by a circus movement with a resultant twitching at the rate of five or six hundred times a minute. The A-V node acts as a safeguard and blocks from the ventricles the majority of these impulses showering down upon it. If the ventricles were to try to respond to all these impulses, several hundred a minute, the resultant beats would be so ineffective that peripheral circulation would cease and death result in a few moments, an accident that occasionally does occur, ventricular fibrillation. Usually 100 to 140 impulses per minute reach the ventricles. We can count the beats at the apex with the stethoscope. Many of the beats may be ineffectual, that is, of insufficient force to lift the aortic (or pulmonary) valves, and so the pulse rate at the wrist may be noticeably less than the apex rate, the so-called pulse deficit.

Digitalis increases the blocking power of the A-V node thereby reducing the number of impulses to reach the ventricles. The ventricular rate is slowed, and each beat is stronger. The circulation becomes more adequate and symptoms of congestive failure are relieved. This is

\* Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 15, 1935.



the type of case in which digitalis exerts its most spectacular effect.

The second type of case which digitalis can reasonably be expected to benefit consists of those patients suffering from congestive failure with dyspnoea, edema, engorgement of the liver, and the other symptoms included in that rather vague term "broken compensation." Such cases frequently occur in the late stages of hypertension and arterio-sclerosis, and cardiac dilatation occupies a prominent part in the picture. The exhibition of digitalis in these cases often brings relief, probably from increasing the effectiveness of the cardiac contraction, possibly for other reasons not well understood. More effective cardiac contractions result in increased minute-volume blood flow, and the heart rate becomes slower. Improved circulation through the kidneys stimulates diuresis. Improved lung circulation promotes better aeration of the blood and dyspnoea is lessened. This seems to be the mechanism through which good results are obtained in this type of case where some cardiac reserve still exists.

#### Method of Administration.

Digitalis is usually given by mouth. Rarely, because of frequent emesis due to congestive failure, or for some other urgent reason, it may be necessary to give it intramuscularly or intravenously. The best preparation for routine use is that of whole leaf, given in the form of tablet or capsule as put up and standardized by a number of reputable pharmaceutical houses. Each capsule or tablet contains 0.1 gram ( $1\frac{1}{2}$  gr.) of the leaf standardized to the cat unit. This preparation does not deteriorate over long periods of time, and dosage can be measured more accurately than liquid preparations.

**Dosage:** Our present concept of digitalis dosage is to give it until the desired effect is obtained.

This is the method of digitalization. It is felt that a rather definite amount of digitalis in proportion to body weight is necessary to produce therapeutic results. This amount is roughly estimated to be 1.5 grams of leaf for each 100 pounds of body weight. For example, a man weighing 150 pounds would need about 2.25 grams of digitalis. This represents 22 tablets or capsules of 0.1 gram each ( $1\frac{1}{2}$  grs.) or 22.5 cc. of the tincture (10% solution). In emergencies, (and assuming that the patient has had no digitalis for at least ten to fourteen days previously), 0.5 gram ( $7\frac{1}{2}$  grs.) may be given at once and repeated every eight hours for three doses. In

less urgent cases 0.3 gram ( $4\frac{1}{2}$  grs.) may be given three times a day for two days. Where rapid digitalization is essential, much valuable time may be lost by giving only small doses. After digitalization has been accomplished it is necessary that it be maintained, otherwise the patient will relapse. The average patient needs about one gram (15 grs.) per week. This may be given in daily doses of 0.2 gram five days a week. When the necessary dose has been worked out for each patient he should continue taking it as long as necessary. In the case of auricular fibrillation this is usually for the duration of life which may be a great many years.

#### Abuse of Digitalis.

As we have seen, digitalis has one specific effect, that of blocking the A-V node, and one probable effect, that of increasing the efficiency of the heart beat if dilatation is present. Digitalis has no appreciable effect on the heart rate when the sinus node controls the beating, even though the sinus rate be greatly accelerated. Thus an accelerated heart rate due to fever, to hyperthyroidism, to surgical shock or to similar cause is not susceptible to control by digitalis. The tachycardia in such instances is due not so much to cardiac failure, as it is to failure of the peripheral circulation with inadequate return of blood to the heart. In fever and tachycardia due to diphtheria or rheumatism, diseases which exert a distinctly toxic effect on the heart, the addition of digitalis may result fatally, for it must be remembered that digitalis is essentially a cardiac poison, and its use is justified only when its therapeutic pharmacological effects outweigh in the balance its toxic effects. Applying this standard of usage to such a condition as pneumonia we arrive at the conclusion that its routine use in pneumonia is not justifiable. If the patient previously had heart failure for which digitalis was being used, it should be continued, or if heart failure develops during the disease, digitalis may be given. Pneumonia, especially during the first two or three days, exerts a toxic effect on the myocardium, and the routine use of digitalis only adds to that toxemia. Wyckoff showed that at Bellevue the routine use of digitalis increased the mortality rate. It is worth noting that in the presence of fever from any cause, digitalis seems to lose some of its therapeutic properties. Also, the usual toxic symptoms may be masked or delayed and if digitalis is pushed in an attempt to obtain the usual therapeutic effects, fatal symptoms may develop very quickly.

The routine use of digitalis is to be avoided in angina pectoris. The latter condition is due to diminished blood supply to the myocardium through the coronary arteries, and digitalis seems to still further slow the coronary circulation through a constricting effect on the coronary vessels. In the later stages of anginal heart disease with failure of the left ventricle, as manifested by paroxysmal nocturnal dyspnea, digitalis may be used in conjunction with one of the coronary vaso-dilator group of drugs such as metaphyllin, theocalcin, and the like.

The use of digitalis following acute coronary occlusion has been most unsatisfactory in my experience. The mortality in those cases in which it was used was extremely high. The reason, I believe, is to be found in two of the minor effects of digitalis, first its constricting effect on the coronary arteries as mentioned above, and secondly because of its effect on the conductivity and irritability of the cardiac musculature. The latter effect favors the onset of ectopic rhythm, particularly ventricular tachycardia and ventricular fibrillation. The latter is thought to be a rather common terminal event in coronary occlusion. My own preference in these cases is for morphine, a coronary vaso-dilator drug, and quinidine if necessary for the control of arrhythmia.

### Summary.

Digitalis exerts two principal effects on the heart: first, a slowing of conduction through the A-V node, and secondly an increased efficiency of muscular contraction. The best therapeutic effects are obtained in auricular fibrillation, and in congestive failure with cardiac dilatation.

For routine use, the best preparation is the digitalis leaf administered by mouth.

Digitalis has very little effect on the heart rate when the normal pace-maker, the sinus node is in control.

Digitalis should be used with caution in the presence of fever.

Digitalis is not indicated in angina, and may be harmful in acute coronary occlusion.

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### COMING MEDICAL MEETINGS.

Eighth Councilor District Medical Society, Little Rock, December 4th.

Dallas Southern Clinical Society, Dallas, March 16-19, 1936.

Arkansas Medical Society, Hot Springs National Park, April 27, 28, 29, 1936.

American Medical Association, Kansas City, May 11-15, 1936.

### BANDL'S RING\*

ERNEST HARL WHITE, M. S., M. D.,  
Little Rock.

The only excuse that I have in bringing the subject of Bandl's ring before you today is that this condition has given me trouble when I least expected it. I am now keeping Bandl's ring always on my list of differential diagnosis for all cases of dystocia in both normal and abnormal pelvises. In reading the literature on abnormal behavior of the uterus during labor such terms as Bandl's ring, Contraction ring, Retraction ring, Tetanus Uteri and Hour Glass Contraction are used.

Bandl, studying rupture of the uterus in 1875, came to the conclusion that the rupture occurred in the lower uterine segment. From his work and later studies of other men, the idea of the active segment and the passive segment became a fixed one in our terminology of uterine activity or contraction during labor. We now think of uterus while in labor as two distinct parts, the upper as the active or contracting part, the part which exerts pressure on the lower part of the uterus, the cervix. This latter part develops or dilates and elongates to produce that portion known as the passive segment. There are some who feel that the passive may include a part of the lower body of the uterus; there are more, however, teaching or holding to the view that the cervix is the whole source of the lower uterine segment.

In the past five to ten years the above teaching has been slightly changed. Few histologists and anatomists, more especially, have included in their descriptions and diagrams of the uterus three parts: the body, isthmus, and the cervix, the measurement of the isthmus being from 0.7 to 1 cm. in length. Acosto-sison concluded in his studies on the nature and origin of the lower uterine segment from a study of fresh uteri of women dying during pregnancy, labor and early puerperium that the passive segment is developed from both the isthmus and the cervix. He has shown very clearly that the isthmus begins to enter into the development of the passive segment as early as the third or fourth month. Hegar described a softening of the uterus between the body and the cervix as early as the sixth week, since known as Hegar's sign of pregnancy. No doubt what Hegar described will eventually be proven to be that part of the uterus as described by recent anatomists as the isthmus.

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\* Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 17, 1935.



Now let us go back to Bandl's ring. I am not going to try to explain the exact origin and location of this ring since I do not know by first hand information. Bandl's ring is a constricting ring which runs transversely or obliquely across the uterus at a point of attachment of the deflected peritoneum and the crossing of the coronary vein, or, said in another way, where the peritoneum is reflected from the uterus to the bladder.

The ring is often sufficiently definite for one to see a depression of the abdomen between the symphysis and umbilicus. One may think the patient has a full bladder but on catheterization the elevation below the ring does not go down. Palpation of the active or upper segment will reveal tenderness and rigidity with practically no relaxation between pains. The two outstanding subjective symptoms are the presence of an increased pain varying in its site but most usually described as being low in the back with irregular, ineffectual contractions usually over a prolonged period. Bandl's ring is easily differentiated from a contraction ring or so-called hour-glass contraction. This constriction may occur in the lower uterine segment, but it is most frequently seen in the active uterine segment. This ring is most often seen at the level of the umbilicus and above. The uterus is soft to palpation between contractions and not tender above the constriction ring, making differential diagnosis an easy matter.

Bandl's ring occurred in both normal and contracted pelvis in my cases. All were in vertex presentation except one breech. I feel sure that many cases are overlooked in our difficult labors. Bandl's ring is frequently a cause of the dystocia and may even stop the progress of labor.

Probably the motivating causes starting up the tetanic contractions of the uterus are many, such as, occiput posterior, large fetal head or other malposition such as face, brow and so forth. Others are: moderate contracted pelvis, tumor low down in the pelvis, rupture of the membranes before labor and again, too much activity of the obstetrician with forceps in an incomplete dilated cervix, or the use of pituiturin. Long labor and exhaustion play a part according to Reinberger of Memphis. He has been studying his cases, and finds that the CO<sub>2</sub> quotient has decreased much below normal. In other words, acidosis has developed. In one of his cases the CO<sub>2</sub> quotient was found as low as 12½%. In one of my cases it was down to 35%. He has shown that by the intravenous use of a 1% sodi-

um bicarbonate solution that the CO<sub>2</sub> content may be raised to normal. He states, however, that one must not use a percentage higher than the one per cent solution and that not over 1000 cc. are to be used. However, with his consent, I gave a patient 1000 cc. and repeated with 500 cc. within four hours without untoward effects. I believe he is hitting at the crucial point. Do not let your patient get exhausted, let them have liquid food, such as sweetened orange juice, milk and the like. I believe the patient should be kept well alkalized during labor and quieted with morphine and some of the barbiturates at times.

Bandl's ring generally appears first at the lower pole of the active segment, or may I put it this way, at the junction of the lower and active segments. From inspection externally, the ring may appear to be found at various levels even as high as the umbilicus of the mother. From the internal examination, I have found these positions on the fetus in vertex presentation below the head, around the neck, around both arms, around lower abdomen and back.

Brief history of patients with Bandl's ring:

1. Colored, age 28, 5th child, normal pelvis. Bandl's ring below head, ether used, Harris dilatation, podalic version. Baby weighed over 8 lbs.
2. Colored, age 24, gravida 3, slightly flat pelvis. Female baby weighed 7¾ lbs. Head on perineum. Forceps applied. Bandl's ring around arms.
3. White, age 20, gravida 1, full dilatation. Head lying in upper pelvis. In version felt Bandl's ring around lower back and abdomen. Ether. Version live baby.
4. Colored, age 25. Bandl's ring around neck. In L. O. A. position. Long labor, stormy. Section.
5. Colored, age 17, general contracted pelvis. L. O. P. position. Early rupture of membranes before labor. Bandl's ring around chest and arms. Section. Discharged well.
6. Colored, age 30. Membranes ruptured early. In labor 5 hours. Occiput-posterior position. Child dead. Podalic version. Patient discharged.
7. White, age 23, second baby. Admitted with question of placenta praevia. Bandl's ring about arms and chest. Section. Baby dead on delivery. Mother discharged well.
8. White, age 30, gravida 3, pelvis normal to measurement. Marked promonotory. X-ray findings, L. O. A. position. At operation in L.

(Continued on page 117.)

# THE JOURNAL

OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules  
of the Council on Pharmacy and Chemistry of the American  
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The Journal extends Season's Greet-  
ings to the members of the Arkansas  
Medical Society, its advertisers and ex-  
changes, and wishes all health, happiness  
and prosperity in 1936.

## EDITORIAL

### CONFERENCE OF COUNTY SOCIETY SECRETARIES.

The Council of the Arkansas Medical Society  
approved at the annual session in Fort Smith ten-  
tative plans for a conference of county society  
secretaries to be held in Little Rock early in Jan-  
uary, 1936. It is the hope of the Council that a  
gathering of the "wheel-horses" of organized  
medicine at the start of the new year may be  
productive of great good to the organization and  
the membership. Similar meetings have been  
held in other states for a number of years and  
are considered to be of greatest value in the  
promotion of the interests of organized medicine.  
The conference will last for a part of the day  
with talks on various phases of organization and  
administration of the county and state society,  
the arrangement of scientific programs, medical  
economics, and related subjects. The list of  
speakers is not as yet complete but it is expected  
that there will be at least one representative  
from the American Medical Association office.  
It is probable that the Council will hold its regu-  
lar meeting on this same day, permitting Coun-  
cilors to attend and discuss problems of their dis-  
tricts with the secretaries. The general member-  
ship is cordially invited to attend the session. The  
detailed program will appear in the January  
Journal.

### INSURANCE MEDICAL DIRECTORIES.

Recently a super-salesman, possessed of none  
but altruistic motives, we assume, canvassed  
some sections of Arkansas offering a listing in  
an insurance directory of qualified physicians, to  
whom it is suggested, the harassed medical di-  
rectors of leading insurance companies, upon  
whose desks the volume ever remains within  
reach, will turn when in need of competent med-  
ical talent. We are not certain from our con-  
versation with this magnetic personality whether  
the life insurance companies also depend upon  
this manual in the selection of their examiners.  
Literature purporting to recommend this publi-



cation seemed to our casual survey to be a bit retiring in the bestowal of praise and principally an acknowledgment of receipt of the volume. Perhaps we did not give these testimonials the attention which they deserve. We feel that our modesty should not prevent our proclaiming that we, too, were offered the opportunity of being listed as one eminently qualified in our specialty, even to the point of being exclusively so recommended in our own bailiwick. (That a similar opportunity was later offered a competitor detracts in no wise from our self-esteem; we have the gentleman's assurance that the first offer was made to us.) A small consideration, not determined in our case, but surely beyond our immediate financial ability, appeared to be the only requirement to insure us this national advertising and special recognition of our ability. A contact, limited 'tis true, with the medical departments of some of the leading insurance companies warrants our expressed opinion that competent medical service can easily be obtained without resort to a commercial rating of this sort. We have failed to receive convincing evidence that such a listing of physicians, at a cost from \$25 upwards, is any guarantee that there will be referred to the physician work from which he may at least recover his listing fee. To this, of course, there may be astounding exceptions. Casual inquiry of physicians whom we know to be doing a large amount of insurance work fails to alter our belief, with but negligible exceptions, that their cases are obtained from recommendations at total variance with the scheme of these directories. The would-be benefactor who called upon us said in response to our regretful declination of his offer of fame and fortune: "You are funny! I do not understand why you would not want to be listed in order to get some of this referred work." Possibly we are "funny"; others more or less charitably inclined, have intimated, in varying degrees, that the adjective is aptly descriptive of our conduct. We wonder, but in the meantime, shall spend our \$25 for groceries.

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### SOCIALIZED MEDICINE DEBATE.

The Journal wishes to again remind members of the Arkansas Medical Society that Arkansas high schools and colleges will debate the subject: "Resolved, That the Several States Should Enact Legislation Providing for a System of Complete Medical Service Available to All Citizens at Public Expense." The vital importance of securing proper representation of the negative side of this question will largely rest with the local

physician. It is he who will be consulted by students preparing to debate this question and it is his personal fund of information which will have the greatest influence in convincing the negative speakers of the validity of their argument. Recently at a public meeting where the form of medical practice now in effect in Washington, D. C., was discussed, a number of high school students were observed diligently taking notes on this plan of care for the indigent and semi-indigent. There is no question but that students are eagerly seeking material on the subject. Two handbooks prepared for the use of debaters have been examined and are found to unduly stress the affirmative phase of the question; one prepared by a professor who upheld the affirmative in the recent nation-wide broadcast upon socialized medicine. These books will be generally available to students; are even now being advertised in schools where the subject is to be debated. Authentic information on the medical profession's viewpoint can only be obtained from the individual physician or medical organizations. The state society can not furnish this data indiscriminately in the hope that it will reach the proper persons; that is the duty and privilege of the local physician. The state society has furnished every member with the publications of the American Medical Association on the subject and stands ready to further co-operate with each member who is willing to find out if his school will debate the subject. The issues raised by this debate will be discussed in many Arkansas homes and will be presented to many audiences. The members of the Arkansas Medical Society are under an obligation to fully inform themselves lest they be embarrassed by questions pertaining to the subject originating in their practice. Each member should freely offer his assistance to these debating teams, seeking to present our attitude in a fair and impartial manner.

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### EDITORIAL COMMENT

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This being the time of the year when county medical societies elect officers for the coming year, The Journal wishes to counsel that these selections be made with a view to best promoting the interests of organized medicine. Members who are known workers, who are willing to work in the interests of their profession, who are willing to make the necessary sacrifices in order that medical affairs in their county may proceed in the most harmonious manner, should be chosen

as officers. The continued encroachment upon the rights of the private practitioner of medicine demands aggressive action upon the part of individual physicians, but in particular, is action and unity of action a necessity in each county society. We are of the opinion that this is best obtained by officers who see a duty to perform and are eager for its accomplishment.

Some of our members have recently received a flattering invitation to confidentially contribute their opinion as to the need for any essential change in the present organization of medical service in this country. The invitation is extended by The American Foundation Studies in Government of New York City, whose directorate includes but one doctor of medicine. We might add, we hope not too sarcastically, that a recent request to the office of the state secretary from this organization was answered only to have our communication return by the New York postoffice as "Unknown." In view of the very definite pronouncements of the House of Delegates of the American Medical Association as stated at its meetings in Cleveland in 1934 and at Atlantic City in 1935, as well as at the special Chicago session in 1935, all of which received as much publicity as any news development of recent years, new deal legislation alone excepted, we feel that no gainful purpose can be hoped from the method adopted by this organization. The organized medical profession of America has spoken in a clear-cut, decisive manner relative to its stand on matters of medical service for the American people. These endowed foundations and similar lay groups should be given to understand that there is solidarity to the opinion of American medicine. May we ask that you answer your invitation stating briefly that you are in accord with the pronouncements of organized medicine on these questions? This co-operation on your part will be a definite contribution to the strength of medical organization.

## OBITUARY

MANLEY HOLLAND RUSSELL, aged 62, died at his home in Star City October 25th. Formerly a Methodist minister, Dr. Russell had practiced at Star City for over thirty years. He is survived by his wife, six sons and two daughters.

## PROCEEDINGS OF SOCIETIES

The Tri-State Medical Society was addressed at its meeting in Texarkana, October 21-22, by George B. Fletcher, Hot Springs National Park, "Symptoms and Treatment of the Menopause;" N. B. Burch, Hot Springs National Park, "Facial Paralysis;" Val Parmley, Little Rock, "Fractures of the Pelvis;" and R. R. Kirkpatrick, Texarkana, "Earache."

The Third Councilor District Medical Society met at Wynne October 22nd, electing officers as follows: President, J. O. Rush, Forrest City; Vice-president, E. A. Callahan, Carlisle; and Secretary-treasurer, Thomas Wilson, Wynne. Because of the inclement weather the scientific program was dispensed with but the luncheon session was held as planned. The Society will next meet at Lonoke.

J. O. RUSH, Secretary.

The Arkansas County Medical Society met October 15th for the following program: "Arthritis," W. V. Newman, Little Rock; "Medical Economics," A. C. Shipp, Little Rock; "Early Toxemias of Pregnancy," Clyde Rodgers, Little Rock; "Pneumonia," G. C. Davis, Gillett; and "Injuries to the Spleen," Harvey Shipp, Little Rock. A dinner session for members and their wives preceded the scientific session.

The Washington County Medical Society was addressed October 28th by Dale P. Osborn, Cincinnati, on "Electrocardiography."

The First Councilor District Medical Society met at West Memphis October 24th for the following program: "Surgical Relief of Pain, Including Tic Douloureux," R. E. Semmes, Memphis; "Placenta Praevia," W. T. Pride, Memphis; "Bill's Predicament: With Special Reference to Digestive Tract Disturbances," J. H. McCurry, Cash; President's Address, Ira W. Ellis, Monette; "Mosquitoes and Malaria Prevention," J. A. LePrince, Memphis; "Diagnosis and Treatment of Acute Osteomyelitis," J. S. Speed, Memphis; "Diagnosis and Treatment of Chronic Osteomyelitis," W. C. Campbell, Memphis, and "Differential Diagnoses of the Right Abdomen From a Urologic Standpoint," H. King Wade, Hot Springs National Park. Luncheon was served at noon and the following officers were elected: President, L. C. McVay, Marion, and Vice-president, W. W. Verser, Harrisburg. The Society will next meet at Tyronza.

R. M. SLOAN, Secretary.



The Clay County Medical Society met at Corn- ing October 29th with M. E. McCaskill, Val Parm- ley and W. R. Brooksher presenting a program on medical economics and organization.

The fourteenth meeting of the Fort Smith Clin- ical Society was held October 31st with morning operative and dry clinics at Sparks Memorial Hospital conducted by J. A. Foltz, C. S. Holt, F. H. Krock, J. H. Buckley, H. Moulton, Chas. Chamberlain and I. F. Jones. Noonday lunch- eon speakers were: J. H. Buckley, S. J. Wolfer- man, J. A. Foltz and J. C. Ogden. In the after- noon the following were presented: "Carcinoma of the Breast," M. E. Foster; "Trigeminal Neu- ralgia," R. K. Klemme, Saint Louis; "Evaluation of Disability in Compensible Injuries," E. D. Mc- Bride, Oklahoma City, and "Portal Cirrhosis: Combined Medical and Surgical Treatment," H. A. Rusk, Saint Louis.

The Prairie County Medical Society met at DeValls Bluff October 31st, electing the following officers: President, Edward Adams, DeValls Bluff; Vice-president, J. G. Wilson, Ulm; and Sec- retary-treasurer, J. C. Gilliam, Des Arc. James Parker read a paper on his experiences as a med- ical student and in 42 years of rural practice.

J. C. GILLIAM, Secretary.

Members of the Ouachita County Medical So- ciety and a number of other physicians were the guests of R. B. Robins for dinner at his home in Camden on November 7th. Medical motion pictures were presented:

The Southeast Arkansas Medical Society was addressed October 21st by R. J. Calcote, Little Rock, "Where the Field of the General Practi- tioner Meets That of the Eye Specialist," and J. S. Levy, Little Rock, "The Backfiring Stomach."

The Benton County Medical Society was ad- dressed at a dinner session November 14th by Geo. E. Knappenberger, Kansas City, on "Gas- tro-Intestinal Disorders."

GUY HODGES, Secretary.

The following program was presented before the Sebastian County Medical Society Novem- ber 12: "Thyroid Surgery" (motion picture), M. E. Foster, and "Surgery in Diabetes," A. F. Hoge.

The Arkansas County Medical Society met in dinner session at Stuttgart on November 12th which was followed by the scientific program: "Pneumonia," G. C. Davis, Gillett; "Milestones in Medicine," C. W. Rasco, DeWitt, and "Re- view of Recent Literature Regarding Undulant Fever," E. B. Swindler, Stuttgart.

The semi-annual meeting of the Eighth Coun- cilor District Medical Society will be held in Lit- tle Rock December 4th with morning clinics con- ducted at Baptist State Hospital as follows: "Epithelioma of the Lip," R. Q. Patterson; "Indi- cations for Artificial Pneumothorax," A. C. Shipp; "Renal Tuberculosis," H. Fay H. Jones; "Congenital Cataracts," K. W. Cosgrove; "Back Injuries," Joe F. Shuffield; "A Series of 200 Ob- stetrical Cases," R. M. Blakeley; "Low Backache," J. H. Sanderlin; "Immunization of Children Against Some of the More Important Contagious Diseases," A. C. Kirby; "Bowel Obstruction," W. R. Richardson, and "Medical Service in Ci- vilian Conservation Corps," C. E. McEnany, M. C., U. S. A. Speakers on the afternoon pro- gram are: "Doctors and the Depression," Roy Millard, Dardanelle; "Surgery as an Art," Dewell Gann, Jr.; "Diagnosis and Treatment of Vascu- lar Disease of the Extremities," F. W. Carruthers, and "The X-ray Treatment of Epithelioma of the Skin," D. A. Rhinehart. An evening banquet ses- sion honoring M. E. McCaskill, President, Arkan- sas Medical Society, will be held with the follow- ing speakers: "Essential Dysmenorrhea," S. J. Wolfermann, Fort Smith; "The Open Door to the Hereafter," Maj. M. R. Baer, and "Funny Bones of the Human Head," H. T. Harrison. The pro- gram for this meeting has been arranged by the committee: M. J. Kilbury, H. Fay H. Jones and Earle H. Hunt.

The dramatized radio health programs spon- sored by the American Medical Association will continue during December over the NBC blue network (stations WJZ, WSYR, KWCR, WREN, KWK, KSO, WBAL, WMAL, WMC, WJDX, KVOO, WFAA, KDKA, WCKY, WENR, WIBA, KSTP, WEBC, KFYZ, WTAR, WPTF, WWNC, WSOC, WIS, WSM, KTBS and WOAI). The programs are broadcast each Tuesday at 4:00 p. m., Central Standard time. Subjects for the De- cember series are: December 3—Tuberculosis, Morris Fishbein; December 10—Hunting Acci- dents, Morris Fishbein; December 17—Animal Diseases in Man, W. W. Bauer; December 24— Eat, Drink and Be Merry, W. W. Bauer; and De- cember 31—Pneumonia, W. W. Bauer.

## PERSONALS AND NEWS ITEMS

Serving on the state Tuberculosis Seal Committee are J. D. Riley, State Sanatorium; A. C. Shipp, Little Rock, and R. L. Smith, Russellville.

C. W. Rasco addressed the DeWitt Rotary Club October 17th on "Service."

T. P. Fowler is erecting an office and hospital building at Harrison.

The following papers were read before the Southern Medical Association at Saint Louis: "The House Dust Antigen in Allergy," Alan G. Cazort, Little Rock; "Treatment of the Irritable Colon," J. S. Levy, Little Rock; "The Relationship of Maxillary Sinusitis to Infection in the Contiguous Sinuses, Middle Ear, and Respiratory Infection," Paul L. Mahoney, Little Rock; "Concerning Stomachs That Are Upside Down," D. A. Rhinehart, Little Rock; "The Stomach and Anemias," H. E. Murry, Texarkana, and "The Roentgen-Ray Study of Tumors of the Mediastinum," W. R. Brooksher, Fort Smith.

The 33rd degree of the Scottish Rite Masonry was conferred upon E. E. Barlow, Dermott, November 14th.

W. W. York, Ashdown, was elected Vice-president of the Tri-State Medical Society at its Texarkana meeting in October.

The October Tri-State Medical Journal contains the following articles: "The Pre-School Child," F. O. Mahony, El Dorado; "Diet in General Practice," J. S. Levy, Little Rock; and "Vomiting in Infancy," E. C. McMullen, Pine Bluff.

Members of a special committee to survey the crippled children situation in the state are M. E. McCaskill, W. B. Grayson, Gordon Hastings and Frank Vinsonhaler in addition to lay members.

Frank Vinsonhaler has been elected a member of the Supreme Council of the Thirty-third Degree, Scottish Rite Masons, and will serve as Inspector-General for Arkansas.

A. M. Washburn, Blytheville, addressed the 4-H clubs of Mississippi County November 2nd.

D. E. White has been elected a director of the El Dorado Kiwanis Club.

R. H. Willett, Jonesboro, has recovered from a major operation.

L. L. Purifoy, El Dorado, is recovering from an infected finger which necessitated amputation.

W. H. Bollinger, Charleston, has remodeled his hospital.

Dewell Gann, Jr., Little Rock, has been appointed chief medical adviser of a firm recently organized to manufacture and market a new type of resuscitator.

The Methodist Church of Tuckerman recently elected K. K. Kimberlin vice-president, and O. A. Jamison, member, of the board of stewards.

J. E. McGuire has been elected chairman of the Community Chest Club at Piggott.

O. J. T. Johnston has been elected president, and M. S. Craig and F. A. Gray, directors, of the Batesville Kiwanis Club.

In attendance at the Oklahoma City Clinical Society Assembly were: I. G. Jones, DeQueen; G. R. Siegel, Clarksville; R. M. Sloan Jonesboro, and C. T. Chamberlain, F. H. Krock and C. S. Means, Fort Smith.

G. E. Cannon, Hope; R. M. Eubanks, Little Rock; J. S. Wilson, Monticello; J. B. Jamison, Camden, and Ralph M. Sloan, Jonesboro, attended the recent convocation of the American College of Surgeons in San Francisco.

V. P. Diederich, Hot Springs National Park, addressed the Arkansas Hospital Association at its meeting November 15th on "First Aid in Emergency Care Insofar as Hospital Routine Is Concerned."

Ralph M. Sloan, Jonesboro, was elected a Fellow of the American College of Surgeons at the San Francisco meeting.



H. H. Smith, Fort Smith, attended Homecoming Day activities at Tulane University in November.

Dr. and Mrs. I. F. Jones, Fort Smith, spent a three weeks' vacation at Eastern points in October.

Howell Brewer, Hot Springs National Park, has been elected president of the Arkansas National Guard Association.

F. W. Carruthers, Little Rock, attended the meeting of the Clinical Society of Bone and Joint Surgeons at Louisville in November.

Clyde McNeil has been elected a Director of the Rogers Chamber of Commerce.

Guy Hodges has been elected a Director of the Rogers Kiwanis Club.

The Berryville Hospital, under lease to J. R. Parker, was dedicated November 15th.

F. J. Scully, Hot Springs National Park, has been elected grand conductor of the Grand Council of Arkansas, Royal and Select Master Masons.

M. E. McCaskill recently addressed the Little Rock Federation of Women's Clubs on "Some of the Medical Problems of the Present Day."

Euclid Smith, Hot Springs National Park, has been appointed Chief of the Arthritis Clinic of the University of Arkansas School of Medicine.

J. E. Stevenson, Fort Smith, won both first prizes in the trap-shooting competition at the Southern Medical Association. Dr. Stevenson thereby gains a leg on both the Atlanta Journal and the Mallinkrodt trophies.

David LeVine has been elected vice-president of the El Dorado Rotary Club.

D. W. Goldstein, Fort Smith, is spending three weeks doing special work in dermatology in Saint Louis, Chicago and Minneapolis.

Ira Ellis, Monette, has been elected worthy grand Patron of the Arkansas Grand Chapter, Order of Eastern Star.

The following members were registered at the recent meeting of the Southern Medical Association in Saint Louis:

Hoyt Allen, Little Rock; J. W. Amis, Fort Smith; C. A. Bates, Lake City; E. Baker, Dermott; B. A. Bennett, Little Rock; T. E. Benton, Lonoke; W. R. Brooksher, Fort Smith; T. D. Brown, Little Rock; A. S. Buchanan, Prescott; F. W. Carruthers, Little Rock; P. B. Carrigan, Hope; A. G. Cazzort, Little Rock; C. T. Chamberlain, Fort Smith; S. A. Collom, Jr., Texarkana; R. C. Cook, Little Rock; J. N. Compton, Little Rock; Noel Copp, Calico Rock; J. R. Crigler, Alma; V. P. Diedrich, Hot Springs National Park; A. F. DeGroat, Little Rock; C. H. Dickerson, Conway; H. C. Dorsey, Fort Smith; S. W. Douglas, Eudora; E. F. Ellis, Fayetteville; L. T. Evans, Batesville; L. Gardner, Russellville; E. L. Gibson, Alicia; W. M. Gibson, Nashville; A. A. Gilbert, Fayetteville; D. W. Goldstein, Fort Smith; F. A. Gray, Batesville; W. B. Grayson, Little Rock; W. E. Hamil, Pocahontas; C. C. Hanchey, DeQueen; W. G. Hodges, Malvern; C. M. Harwell, Osceola; Gordon Hastings, Little Rock; M. C. Hawkins, Jr., Searcy; Wm. Hibbitts, Texarkana; C. G. Hinkle, Batesville; S. B. Hinkle, Little Rock; C. S. Holt, Fort Smith; H. W. Hundling, Little Rock; G. F. Jackson, Little Rock; J. E. Jones, Little Rock; S. P. Junkin, Little Rock; M. F. Kelly, Sheridan; O. R. Kelly, Sheridan; M. J. Kilbury, Little Rock; A. C. Kirby, Little Rock; R. R. Kirkpatrick, Texarkana; D. K. Kitchen, El Dorado; H. M. Kitchens, Waldo; A. C. Kolb, Little Rock; L. J. Kosminsky, Texarkana; N. J. Latimer, Corning; J. S. Levy, Little Rock; David LeVine, El Dorado; G. V. Lewis, Little Rock; P. L. Mahoney, Little Rock; J. M. Matthews, Morrilton; Madeline Melson, Little Rock; O. C. Melson, Little Rock; H. E. Mobley, Morrilton; W. H. Mock, Prairie Grove; J. A. Moore, El Dorado; H. H. McAdams, Jonesboro; M. E. McCaskill, Little Rock; W. V. Newman, Little Rock; W. C. Overstreet, Jonesboro; D. L. Owens, Harrison; Val Parmley, Little Rock; R. Q. Patterson, Little Rock; W. G. Pittman, Pine Bluff; J. P. Price, Monticello; J. M. Proctor, Hot Springs National Park; D. A. Rhinehart, Little Rock; Fount Richardson, Fayetteville; R. R. Robins, Texarkana; B. L. Robinson, Little Rock; F. O. Rogers, Little Rock; H. A. Ross, Arkadelphia; T. T. Ross, Arkadelphia; J. H. Sanderlin, Little Rock; Joe F. Shuffield, Little Rock; D. W. Sloan, Beebe; E. M. Smith, Hot Springs National Park; F. D. Smith, Blytheville; J. E. Stevenson, Fort Smith; J. A. Summers, Little Rock; H. S. Thatcher, Little Rock; H. King Wade, Hot Springs National Park; H. P. Walker, Newport; A. M. Washburn, Blytheville; D. E. White, El Dorado; W. T. Wootton, Hot Springs National Park.

In attendance at the meeting of the Kansas City Southwest Clinical Society in October were: J. H. Fowler, J. G. Gladden, James L. Jackson and O. B. McCoy, Harrison; B. E. Hendrix, Gillham, and E. C. Moulton and W. R. Brooksher, Fort Smith.

## WOMAN'S AUXILIARY PAGE

MRS. D. W. GOLDSTEIN  
Publicity Secretary, Fort Smith

Following the meeting of the Second District Medical Society October 14, the Auxiliary met at the home of Mrs. Sidney Pickens with Miss Victoria Saylor as co-hostess. A program on the Dionne Quintuplets was presented by Mrs. R. C. Dorr and those who took part were Mrs. J. H. Kennerly and Mrs. L. T. Evans. The topic of the year's study is "Wonders of the Medical World." A round table discussion was an interesting feature of the program. Besides members, Mrs. Hull of Mammoth Spring, Mrs. T. C. Guthrie of Smithville and Mrs. E. S. Roberts of Batesville were present.

An open meeting sponsored by the Washington County Medical Auxiliary was held October 25th at the Royal Theatre in Fayetteville. Dr. D. W. Goldstein, of Fort Smith, gave an illustrated lecture on cancer. About 300 people attended the meeting.

The Woman's Auxiliary to the Pulaski County Medical Society met on October 13th at the University of Arkansas Medical School for luncheon. At 2 p. m. there was an open meeting for members of the federated clubs of the city, with Dr. F. C. Vinsonhale, Dean of the Medical School, Dr. Joe F. Shuffield, President of the Pulaski County Medical Society, and Mrs. M. T. Smith, President of the State Auxiliary, as guest speakers.

Co-hostesses were Mrs. C. E. Oates, Mrs. A. Cazort, Mrs. H. W. Browning, Mrs. R. M. Blakely, and Mrs. C. C. Reed.

The Woman's Auxiliary to the Washington County Medical Society met November 5 at the home of Mrs. J. W. Walker to make surgical supplies for the City Hospital.

Mrs. S. J. Wolfermann and Mrs. A. A. Blair were co-hostesses November 11 for a luncheon meeting of the Woman's Auxiliary to the Sebastian County Medical Society, at the Woman's Club. Mrs. P. Redman, President, conducted the business session, which followed the luncheon. Mrs. J. S. Southard gave a very interesting review of an article on "Prevention and Treatment of Toxic Goiter," from the November issue of Hygeia. Mrs. H. Johnson read the inaugural address given by Mrs. Rogers N. Herbert, National President, at the 1935 A. M. A. Convention. Musical selections by Dorothy Blair followed. Seventeen members were present.

"How Our Outdoor Living Rooms Affect Our Health," was the theme topic for discussion at the meeting of the Woman's Auxiliary to the Bowie and Miller County Medical Society, October 25th. Mrs. Joe Tyson was the leader for the afternoon. Mrs. William Hibbitts gave a most enjoyable talk on "Medicinal Value of Flowers." Honor

guests were the Presidents of the Garden Clubs. Mrs. H. Murry, Mrs. A. Mann and Mrs. H. E. Longino were hostesses.

### HEALTH PROGRAM PLANNED.

The major activity of the auxiliary to the Sebastian County Medical Society for the 1935-36 year is to be the promotion of a health program, Mrs. W. F. Rose, publicity chairman, reported following the initial meeting of the fall and winter. Plans were made to present subscriptions of the monthly magazine, "Hygeia," to rural schools in the county, and to Carnegie library, the Young Women's Christian Association and the children's home in Fort Smith.

The auxiliary meeting was held October 15th at the Woman's clubhouse where members and guests assembled for a 1 o'clock luncheon program and business session. Mrs. Pierre Redman, president, and Mrs. D. W. Goldstein, program chairman, were hostesses.

At the business session Mrs. Redman announced the names of standing committees for the year.

Program, Mrs. D. W. Goldstein, chairman; Mrs. S. J. Southard, Mrs. M. E. Foster; Hygeia, Mrs. S. J. Wolfermann, chairman; Mrs. B. Wayne Freer, Mrs. Everett Moulton; membership, Mrs. Eugene Stevenson, chairman; Mrs. A. A. Blair, Mrs. Walter Eberle; telephone, Mrs. S. P. Stubbs, Mrs. J. C. Amis; publicity, Mrs. W. F. Rose; courtesy, Mrs. Charles S. Holt, Mrs. C. S. Bungart, Mrs. I. F. Jones; public relations, Mrs. W. R. Brooksher, Jr. Mrs. A. F. Hoge, Mrs. H. H. Smith.

### BANDL'S RING

(Continued from page 110.)

O. P. position. Bandl's ring about chest and arms.

Treatment:

1. Prophylactic-rest patient in labor, some food, alkalization.

2. Medical-morphine, deep surgical ether anaesthesia for at least twenty minutes before one attempts to deliver, then forceps may be tried. If normal pelvis, version may be tried. Other methods suggested by some men but have served me poorly, such as amyl nitrite, adrenalin.

3. Surgery—cesarean section.

Type of cesarean:

1. Low section with removal of uterus.

2. Extra-peritoneal section when uterus is to remain.



## BOOK REVIEWS

**Objective and Experimental Psychiatry.** By D. Ewan Cameron, M. B., and Ch. B. (Glas.), D. P. M. (London), Physician in Charge, Reception Service, Provincial Mental Hospital, Brandon, Man. Pp. 271. Price \$3.00. New York: The Macmillan Company, 1935.

The various objective tests and approaches utilized in the study of patients in the field of psychiatry are discussed fully. In addition, there are chapters on heredity, constitution, pathology and statistical methods. Other than the intelligence tests, there is no discussion of the value of the various tests.

**Colwell's Daily Log for Physicians.** By John Colwell, M. D. Price \$6.00. Champaign, Illinois: Colwell Publishing Co., 1935.

This excellent record system is unchanged in form; indeed, one wonders where improvement might be made. Such appears to have been the thought of the publisher, who, for 1936, has improved the package by a new and

pleasing cover design. Provision is made for a complete daily record of all patients treated, their financial disposition, together with numerous special records, of special value to the practitioner. This is the most compact and satisfactory record system for the physician of which we have knowledge.

**Instructions to Physicians and Hospitals for Submitting Charges in Federal Injury Cases.** By C. B. Riddle, Formerly Supervisor Auditor, U. S. Employees' Compensation Commission. Pp. 4. Price \$1.00. Washington, C. B. Riddle, Box 442.

The author has briefly and concisely presented the essentials for payment of medical service rendered Federal employees. The intricacies of governmental accounting, while not explained, have been clarified and we believe these instructions will be of especial value during the period of the WPA program. Any physician who is handling these cases will find this booklet of material assistance.

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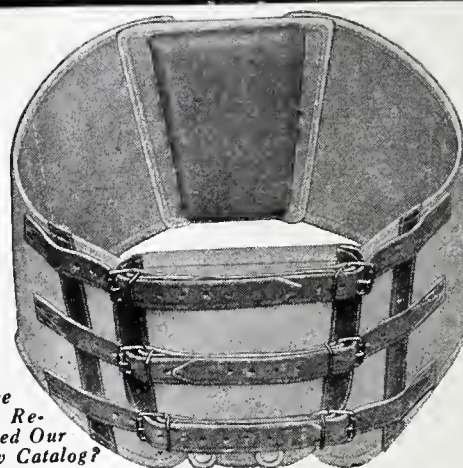
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# THE JOURNAL

## of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXII

LITTLE ROCK, ARKANSAS, JANUARY, 1936

No. 8

### THE ROLE OF ALLERGY IN ARTHRITIS\*

W. T. WOOTTON, M. D.  
Hot Springs National Park.

At one time or another the star feature in the Drama of Arthritis has been assigned to uric acid, foci of infection, gastro-intestinal upsets and improper diet, some mysterious metabolic change, to endocrine dysfunction in general, and to each gland in particular. Many eminent men have voted the opinion that the acute arthritic joint may be an allergic joint. Others think that some acute joints may be allergic but, lacking demonstrable proof of allergy, will go no further.

Nearly every clinician of note, devoting any study to the arthritic problem, has his own pet theory as to the cause and other influencing factors. Most of them refer to some unknown change in metabolism. We lesser lights either follow our pet leaders' theory in toto or take part of one and a section of another and so establish our regimen. As a consequence, the study and handling of the arthritic problem is in a chaotic state of uncertainty. The afflicted go from one doctor to another to learn that everything done so far is all wrong and a new order need be begun. I do not think that it will in any manner add to the confusion to submit another basis for the consideration of this phenomenon.

The foundation of our conception of chronic arthritis rests upon the basis of it being a two-fold process and that the chief actor or star of the initial performance is allergy.

Omitting from this discussion the subject of purely septic joints, let us submit to you our idea of the process that goes on in a disturbed joint; whether the final result of that disturbance be atrophy or hypertrophy of the joint structure, or complete recovery from acutely inflamed and swollen joint tissues without either hypertrophy or atrophy.

Let us start with the idea that every joint disturbance begins as an edema or swelling, the result of trauma or an allergic reaction. It is essential that we visualize the ends of the bones forming the joint as being deprived of their normal protective synovia and periosteum, for an edematous membrane is a nonfunctioning membrane. Whatever the cause of the edema, the only pathology noted is a serous swelling in or around the joint. There is nothing inherent in either edema, trauma or allergy to cause a disturbance in the mineral content of the bone ends making up the articular surfaces, and if no other or extrinsic condition capable of disturbing the calcium balance intervenes during the period of this swelling, it will subside, and the synovia return to their former state as soon as the allergenic process is removed or desensitization ensues.

A good example of this status is in so-called gonorrhoeal arthritis, wherein there is a sterile but highly inflamed and swollen joint. If the Neisserian infection be hidden away in cervix, prostate or other inaccessible region, the inflammatory joint reaction may continue for months, as long as the allergens are produced by the infecting agent and the hypersensitive joint tissues contact them. But should you, as soon as a diagnosis could be established, subject the host to a cooking process and keep his temperature at or near 106 degrees for several hours; sufficient to destroy the gonococci within that individual, without quite killing the patient, his edematous joint or acute arthritis would disappear as quickly as the other evidences of infection. No allergen, no reaction. We think this precisely what occurs in all those cases of arthritis that immediately recover following the removal of any focus of infection, tooth, tonsil, etc.

We may well ask why some joints ankylose and others return to normal under apparently the same circumstances? This we will consider in conjunction with the hypertrophying process.

As far as we know there is one and only one condition that can and does disturb calcium

\* Read before the Fifth Annual Conference of the Leo N. Levi Memorial Hospital, collaborating with the Army & Navy General Hospital and the Garland County H. S. Medical Society, Hot Springs, Ark., Oct. 15-16, 1935.



metabolism, that causes absorption of lime salts from the bones, and that is hyperparathyroidism.

We know definitely that whenever there is an increased supply of the hormone from the parathyroids in the circulation, whether secreted normally by the overstimulated gland or injected artificially, a hypercalcemia results. Under normal conditions, that is, when there is no inflammation or edema of the synovial membrane covering the end of a bone, the most accessible site for picking up lime salts is from the trabeculae of the shaft or epiphysis. But should the parathyroidism occur at a time when there is also a non-resisting, easily accessible, swollen joint surface, the lime will be taken from the end of the bone rather than from the shaft. It is only logical to assume that it will be absorbed from the area offering the least resistance. Therefore, we have resulting an atrophic type of joint. So far then, we have the acute inflammatory or edematous joint as a purely allergic joint. In a very limited percentage of cases it is traumatic. If this joint is to progress to an atrophic stage, we must also produce a hypercalcemia at and during the stage of allergic reaction within the joint, a dual process.

We have two main sources from which the antagonistic joint allergens are produced, bacteria and food. Pollens and other inhalants usually find their "shock organ" in the nasal mucosa or bronchial tree. We have only one source from which we may excite a hypercalcemia, and that is from the hormone of the parathyroid gland. We assume that a hyperphosphatemia automatically acts through the parathyroids to produce the same result.

It is during the most active stage of life, the first four decades, that we find man most beset with acute infections. Streptococcic throats are more frequent, virulent peridental abscesses are seen, and gonorrhoea is experienced. After one passes through the so-called dangerous age, passes the age of forty, a tonsil is as rare as a satisfied farmer. Teeth are like the stars that come out at night and one may be congratulated on a Neisserian infection. It is during the active or the early period of life that we find the greatest occurrence of acute bacterial allergy, and if the synovia become hypersensitive to the allergen produced by the bacteria in these infected foci, as they so often do, an inflammation reaction of the joint results.

Acute inflammatory rheumatism is a disease or symptom occurring in early life. Acutely in-

flamed joints result mostly from bacterial allergens, the one most pronounced exception being the acute gouty joint which is the result of a food allergen. However, all bacterial allergens do not cause a fiery reaction, but are often as mild as those caused by the average food allergen. A synovial membrane once sensitized may react time after time when contacted with the foreign substance that it cannot tolerate just as the hay fever victim does, accounting for the many recurrences noted.

Please keep in mind that any and all of these swollen, inflamed, and often excruciatingly painful joints may return to a perfectly normal state if a parathyroidism or hypercalcemia does not happen to occur during the course of this swelling.

As we pass through this uncertain age into the certainty of maturity, we gradually accumulate more or less immunity to bacterial invasion. Allergy specialists say that allergic food reactions are rarer, also, as age advances, basing their judgment on the occurrence of such well known symptoms of allergy as urticaria, angio-neurotic edema, etc. Whether it be that we find fewer bacterial allergics or that the occurrence of synovial reactions to food are more common in later life, we are not prepared to say. We do know that the proportion of middle and old age persons with allergic joints due to food sensitivity is considerably in excess of those with bacterial reactions, as far as our experience has led. It may be that the acute infections of the aged are prone to locate in the lungs and either a kill or cure takes place before secondary reaction occurs.

Let it be understood, however, that either a food or bacterial allergen may be the offending agent at any period of life and throughout the existence of the arthritic host. Growing pains are said to be allergic pains from food sensitization. This period might be called the prearthritic stage. It would be interesting to know how many children who have "growing pains" develop arthritis in later life.

We do not know how much injury results to the kidney parenchyma from prolonged contact with food allergens or the damage wrought in those organs of an hypercalcemic individual by minute calcareous deposits prior to or in the absence of massed deposit or stone formation. But, as we grow older, we are faced with the knowledge that the kidneys are showing the wear and tear of long usage. In many in-

stances they are no longer capable of responding to a sudden demand for the elimination of an excessive amount of calcium, phosphorus and magnesia.

We do know that some of this failing attempt at elimination terminates in renal and cystic calculi, calcified bursae, and soft tissue nodes, but the chief sufferer from this retention and consequent accumulation of migratory bone salts is the previously disturbed, roughened or boggy end of a bone which makes an ideal site for the redeposit of the excessive calcium now held in suspension or solution by the blood serum, thus producing our well known hypertrophic type. Hence, the degree of kidney permeability may account for the fact that we see more hypertrophic arthritis in later life than in the earlier ages. I remind you, however, that the foregoing is the rule, atrophic arthritis during the first four decades and the hypertrophic type in later life. This is not always true. There are many instances where it is reversed and again the same individual may have both types at one and the same time, even in the same joint. After a joint once becomes roughened it will be the location of choice for future deposits of lime salts every time a hypercalcemia occurs. We do not think that atrophic and hypertrophic arthritis are two separate and distinct disease entities due to entirely different morbid processes. Rather are they different stages of one process.

This then may be the answer to ankylosing joints. The inflamed, swollen, immobile, articular surfaces happen to be concurrent with irritated or overactive parathyroids, causing a hypercalcemia. The overloaded blood serum accepts this disturbed surface with open arms and dumps its load of calcium without more ado. Once again we must bear in mind the distinction between bone salts that are redeposited or dumped, and true bone formation as in fracture repair, for the difference is vast. The latter depends upon the workmanship of the osteoblasts with the aid of vitamin "D," two highly expert stone masons that have little or nothing to do with the scab workers responsible for hypertrophic structures.

The whole arthritic syndrome is by no means as simple as this ground work would make it seem. Some very complicated factors are involved which are the subject of much dispute inasmuch as they cannot meet the requirements laid down for definite proof. It is well for humanity at large that we did not await the dis-

covery of the *spirochaeta pallida* or the *plasmidium malaria* ere we empirically combatted their ravages with the means then at hand. We believe that a great deal more can be done for the prevention and relief of the arthritic if this theory is accepted as a basis for its accomplishment than by proceeding on any one or all other plans.

Allergic tests are notoriously unsatisfactory. They do give us some information but it is by no means complete. It is too much to expect the skin to react to an offending agent when the real "shock organ," the hypersensitive tissue, is not the skin but a synovial membrane, far removed. This is only one of the difficulties to overcome. Every means known to us by which we may arrive at an allergic diagnosis should be used. After studying the skin reactions, we add the information gained from personal and family allergic history, we examine the lower colon for evidences of edema, which we consider a purely allergic phenomena, we remove suspected foci of infection where practical, and we use an elimination test diet to try to locate offending food substances other than shown by skin tests.

We are not satisfied to accept the theory that food allergy is due to a lack of sufficient enzymes to split the total absorbed proteids, in other words, that the reaction is due to over-eating rather than to eating some specific article of food to which the individual has become hypersensitive.

An examination of the parathyroids is next to impossible. Even the surgeon may fail to find one or more as they may be completely within the thymus and are often in or back of the lower poles of the thyroid, or may be scattered up and down the post-sternal region in most unusual locations. Attempts to atrophy them by X-ray have not been overly successful.

Neither the pituitary, the thyroid or any other gland, except the parathyroids, can directly cause any change in calcium metabolism. They may do so indirectly. The point is you must have an excess of parathormone regardless of how you get it, in order to produce an hypercalcemia.

A tumor of the pituitary may cause an over-stimulation of the parathyroids as in basophilic adenomas. Irritations from the thyroid or thymus to an incorporated gland may likewise do so. Any condition causing a retention or an increase in the amount of blood phosphorus automatically



calls for a hypercalcemia as the two conditions are antagonistic.

A serum—calcium determination is not always a practical procedure, the local content of carbon dioxide has an influence on the absorption of calcium by the serum. The serum—calcium content at or near a joint may differ widely from that at the surface. There may be temporary redeposits in soft tissues; the calcium may be in transit through the intestinal tract but not recoverable. There are many reasons why a serum—calcium quantitative estimation may fail to prove accurate. All of these stumbling blocks shall have to be removed and the way made clear before we can go on to actual demonstration of the truth of the theory.

From a practical standpoint, working on this basis has removed the source of annoyance for many who were about to despair; adhering to the regimen has completely relieved some and prevented recurrences in others. When the cause of an allergic reaction in a joint has been determined, recurrence of swelling in and around that joint may be prevented just as certainly as hives, fever blisters, canker sores, or angioneurotic edema may be prevented by the total elimination of the offending food or bacteria. Nevertheless, it is most essential that we keep before us the picture of the injured joint. With our present knowledge we certainly would not attempt to replace any of the lost calcium in the atrophic joint or try to remove any from the hypertrophic. Whatever change in the bone structure that has already occurred, we should regard as permanent.

When the medical profession as a whole begins to consider the phenomena of allergy seriously; give other phases of the disorder the same serious attention that the hay fever and asthmatic sufferer demands, then and then only will a great many cases of arthritis be prevented. All children as well as adults who may be allergic suspects should have the benefit of every diagnostic aid available in order to determine and eliminate any and all sources of allergic reactions.

There are five million arthritics in the United States today, representing probably twenty million sore joints. Every joint that is deformed was in the beginning merely an edematous joint. If we could prevent that swelling we could wipe out all arthritis except the purely traumatic, occupational and recreational. Baseball fingers will continue in evidence as long as a vacant lot

remains on which future league players may start their careers.

And when our knowledge of the parathyroids broadens, we may be able to subdue their activity without removal and thereafter prevent disturbances in the calcium of a bone, once it has been laid down during normal growth.

Desensitizing a hypersensitive synovial membrane is a large undertaking with our present knowledge of the subject. Elimination of the offending objects, if found, offers the best means of relief from the swelling. When this is done we can restore considerable function to the permanently deformed joint by overcoming the contractures and spastic condition of the periarthicular ligaments, which, after all, cause the deforming postures assumed during the acute stage of their disability.

#### SUMMARY.

1. A simplified, albeit practical, conception of the arthritic process is submitted.
2. Allergy is given the stellar role in the initial performance of this drama.
3. Practically all non-septic joint disturbances begin as an allergic reaction, comparatively few as a trauma.
4. The simple allergic joint, that is, the acute gonorrheal joint, acute rheumatic fever joint, the gouty joint and traumatized joint all show the same lack of pathological and roentgenological findings, only an edematous swelling is apparent.
5. Chronic arthritis is the result of a dual process.
6. Hyperparathyroidism is necessary concomitant with the allergic or edematous process before any bone change may take place.
7. The hormone from the parathyroids is the only known endocrine agent that may cause a hypercalcemia.
8. In the event of a hypercalcemia occurring at a period when there is no synovial disturbance the calcium is taken up from the trabeculae causing osteitis fibrosa cystica. Padgett's disease, etc. On the contrary, an atrophic arthritis results.
9. Bacterial allergens from foci of infection predominate in the early life of the arthritic and food proteins later. Both may be active at the same time.
10. In the latter years kidney permeability to the excess of calcium, phosphorus and magnesia may bear a definite relation to a redeposit, constituting the hypertrophic type of arthritis.
11. The parathyroids are inaccessible, and too little understood to bear tampering by the inexperienced.

A vast amount of research work remains to be done before we can prove or disprove this theory or add greatly to the protective measures needed.

As a basis for the study of arthritis this theorem offers a plausible outline for a regimen that should both prevent and alleviate many arthritics.

# MALARIA IN ARKANSAS\*

W. B. GRAYSON, M. D.,  
State Health Officer.

GORDON HASTINGS, M. D.,  
Assistant State Health Officer.

H. V. STEWART, B. S.,  
Director, Hygienic Laboratory.

MILDRED M. MOSS, B. A.,  
First Assistant, Hygienic Laboratory.

About May 1, 1934, the State Board of Health, having received an allotment of funds from the U. S. Public Health Service, began a blood film malaria index of both colored and white grade schools of the state in an endeavor to determine the incidence of malaria among the children of school age; and as malaria is relatively more of a rural than an urban problem, it was deemed advisable to confine the survey insofar as possible to the rural schools and thus, only those urban schools were surveyed in which the school population was largely rural in origin.

Fortunately no definite time was allotted for the survey, and the funds available were sufficient to continue it until the middle of September thus taking it through the seasons, spring and summer, when the problems of mosquitoes and, therefore malaria, is at its height. During this period about 53,000 thick smears were collected from over 400 schools in 49 counties situated, roughly speaking, in that section of the state lying east of the main line of the Missouri Pacific Railroad from St. Louis to Texarkana.

For the purpose of making the survey relatively comparable it was decided to collect approximately 1,000 slides from each county, but to expedite the work and cover as much territory as possible, only the larger schools were visited with the result, that owing to the relatively greater number of large or consolidated schools in some counties than in others, it was not possible to adhere strictly to the number specified. For instance, only 616 slides from 6 schools were collected in Lee County while 2,260 slides from 29 schools were collected in Union County.

The slides collected by the survey parties were sent to the National Institute of Health in Washington, D. C., where they were examined by technicians of the U. S. Public Health Service under the direction of Surgeon Louis L. Williams. Owing to the tremendous task of examining this great number of slides the result of

the survey is incomplete but the following table will give the figures for the counties that have been completed at the time this paper was prepared:

TABLE I.

County	No. of Schools	No. of Slides	Positive Slides	Per Cent Positive (Index)
Ashley .....	10	618	118	17.47
Arkansas .....	10	923	22	2.38
Clay .....	7	690	38	5.50
Craighead .....	15	1519	127	8.36
Crittenden .....	11	1169	120	10.26
Cross .....	6	715	72	10.07
Desha .....	10	930	134	14.41
Greene .....	9	762	60	7.87
Hot Spring .....	4	781	12	1.35
Jackson .....	17	1434	146	10.10
Jefferson .....	19	1846	98	5.30
Lawrence .....	14	1104	77	6.97
Lee .....	6	616	53	8.60
Lincoln .....	6	626	49	7.82
Lonoke .....	5	759	46	6.06
Mississippi .....	11	753	73	12.35
Monroe .....	7	739	67	9.06
Phillips .....	7	727	57	7.84
Poinsett .....	9	968	103	10.64
Randolph .....	7	745	19	2.36
Saline .....	10	1146	31	2.70
St. Francis .....	14	1037	135	13.01
Union .....	29	2260	61	2.70
White .....	7	1202	51	4.24
Woodruff .....	7	977	130	13.30

It will be noted that the maximum incidence of malaria as indicated by this survey is found in Ashley County, which shows an index of 17.47, or 17.47 positive slides per 100 school children, and the lowest is Hot Spring County with an index of 1.35 while the average index for the twenty-one counties completed is 8.15. However, the index figure does not present a true picture of the real incidence of malaria as this figure is an average for the entire county, but, when we examine the detailed figures for each county we find that some schools are found to have an amazing amount of malaria while others in the same county will show relatively little or none. For instance: in Desha County, which has the second highest county index, we find a peculiar situation in that of two schools in the same community one has the highest index for the county while the other has the lowest, Halley colored school with an index of 25.46 and the Halley white school with an index of 0.00. Another example is given in Craighead County where Dreiden school shows an index of 33.33 while Herman school in the same county has an index of only 2.50. The Craighead county index is 8.36.

\* Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 15, 1935.



In those counties where it was possible to gather specimens from both white and colored schools in the same community a comparison of the indicated incidence of malaria in each race is quite interesting. The following table gives the index of the white and colored schools in those communities where schools for both races are maintained:

TABLE II

County and School	White or Colored	Number Slides	Slides Positive	Per Cent Positive
Ashley, Fountain Hill .....	W	105	7	6.66
	C	150	4	2.66
Ashley, Montrose .....	W	71	13	18.30
	C	95	29	30.52
Ashley, Portland .....	W	14	4	28.57
	C	64	8	12.50
Ashley, Wilmot .....	W	91	8	8.79
	C	87	21	24.13
Cross, Parkin .....	W	194	24	12.37
	C	85	5	5.88
Desha, Arkansas City .....	W	171	7	4.09
	C	138	34	24.63
Desha, Dumas .....	W	141	11	7.80
	C	115	19	16.52
Desha, Hally .....	W	33	0	0.00
	C	55	14	25.45
St. Francis, Hughes .....	W	82	7	8.53
	C	108	16	14.81
St. Francis, Madison .....	W	72	11	15.03
	C	76	23	30.26
St. Francis, Round Pond .....	W	61	13	21.31
	C	47	4	8.51
Mississippi, Luxora .....	W	137	4	2.92
	C	74	8	10.81
Woodruff, Augusta .....	W	206	38	18.44
	C	284	25	8.80

It will be seen from this table that the colored race is apparently more susceptible to malaria than is the white race, as 8 of the colored schools have a higher index than does the white school in the same community and only 5 of the 13 white schools have an index higher than the corresponding colored school. However, this apparent susceptibility of the colored race is more apparent than real when we consider at least one of the many influencing factors in this situation. During the survey each child was questioned as to whether or not he had been given quinine, chill tonic, or some other quinine-containing nostrum and a summation of their replies shows that in those localities where malaria is known to be very prevalent 25 per cent of the white children and only 8 per cent to 10 per cent of the colored children were daily taking some medicine containing quinine, thus vitiating to some extent the reliability of the index.

In spite of the fact that a blood film index is only about 60 per cent accurate, that a certain proportion of the children are known to have taken quinine, and that the results of the survey are incomplete, enough evidence has been presented to show that malaria is a serious problem in the rural population of 58 of the 75 counties in our state and that the correction of this situation should engage the immediate and earnest consideration of those engaged in preventive medicine and those interested in the economic welfare of the people of the state.

In an endeavor to present evidence to show that at least one phase of this problem, the removal of the malaria parasites from the individual, can probably be successfully accomplished, the State Board of Health requested the U. S. Public Health Service to extend the School Survey to include the State Penal Institutions. As a result of this additional survey, 1,942 thick smears were collected and forwarded to the National Institute of Health in Washington for examination with the result that 116 were found to be positive, a percentage of 5.9.

Malaria has always been a major problem at the prison camps at Tucker and Cummins, and following these examinations the State Board of Health was glad to accept an offer made by the Winthrop Chemical Company to furnish atabrine and plasmochin tablets without cost for the treatment of those whose blood had been found positive for malaria. It was believed that since the prisoners could be kept under direct observation during treatment and for some time following, it might offer opportunity for testing the value of the two drugs both in alleviating clinical symptoms and in preventing relapse.

It is not our purpose to go into the history, chemistry and pharmacology of plasmochin and atabrine, but since the drugs are still more or less on trial the experience of investigators who have used them extensively is of interest. The quest for a successful treatment for malaria, one which would not only relieve the acute stage of illness but could prevent the all too frequent relapse, has been carried on for years. Nothing, however, seemed to replace quinine which can hardly be considered a satisfactory cure when we note the high percentage of relapses weeks and sometimes months after treatment.

Nearly ten years ago plasmochin, a synthetic quinolin derivative, was introduced. It had a marked effect on gametocytes, that form of the malaria parasite that is infective to the mosquito,

but unless combined with quinine was of little value in controlling symptoms. In the dosage originally recommended the therapeutic dose so closely approached the toxic dose that patients often complained of severe gastric disturbances and other untoward effects. Consequently, although plasmochin found its place among sanitarians whose chief interest lay in the prevention of malaria, the practicing physician has not been an enthusiastic convert. The United Fruit Company, through its medical department, has carried on some valuable experiments in the Panama Division. Macphail<sup>1</sup> after using varying dosages of plasmochin concludes "Toxic symptoms need not be feared when the dosage is limited to 0.03 grams daily for a week \* \* \*. We have ample clinical proof to justify advancing the hypothesis that plasmochin is of importance as a curative factor in chronic cases which have resisted extended efforts at eradication with quinine and arsenical preparations."

A few years ago another anti-malarial drug was evolved and put on the market. Atabrine is described by the manufacturers as a chemotherapeutic agent which is especially effective in its action on the schizonts of all types of malaria; whose toxicity is low with a wide margin of safety between the therapeutic dose and the toxic one. Reports on the results in treatment vary from that of Cordes and de la Torre<sup>2</sup> of the United Fruit Company who believe that 75 per cent of all patients are definitely cured by one routine treatment of atabrine to the less enthusiastic one of Komp and Clark<sup>3</sup> who conclude after using atabrine as a control measure in Panama: "In view of the small differential in parasite rate brought about by its administration, the use of atabrine does not seem to be a practicable method of malaria control under the conditions existing in certain native villages of Panama."

Natural and acquired immunity, opportunities for reinfection and various other factors play a part in determining the effectiveness of any drug used in the treatment of malaria. Johnson<sup>4</sup> found that, while the relapse rate among Asiatics treated with atabrine, as estimated from reports of several investigators on over 1,000 cases is between 5 and 10 per cent, the relapse rate among Europeans as based on a similar number of cases was 43 per cent within six months of treatment.

Most of the cases at the prison farms were of the chronic carrier type. Since atabrine alone in a certain percentage of cases does not

prevent relapses it was decided, with the consent and cooperation of the prison physician, to administer atabrine for five days (0.1 gram three times daily), following this with plasmochin for five days (0.03 grams daily for estivo-autumnal cases and 0.02 grams daily for benign tertian cases). Atabrine causes disappearances of estivo-autumnal rings and all forms of benign tertian parasites from the blood but does not affect the crescents of estivo autumnal malaria. Plasmochin, while it seemingly has no effect on the rings of estivo autumnal malaria, causes the disappearance of crescents and aids in the destruction of benign tertian parasites.

A month or longer had elapsed between the taking of the original smears and the beginning of treatment. However, spontaneous recoveries are not very common in malaria and after eliminating those who had taken quinine in the interim we assumed that the other cases still harbored malaria parasites. To these were added those at the camps who during the time of the treatment and observation periods developed malaria, diagnosed clinically and microscopically. Thick blood smears were taken at the end of the five-day atabrine treatment, five days later after plasmochin treatment, and after a 60-day period following the discontinuance of treatment. These were examined at the State Hygienic Laboratory. The prison farm population proved to be more of a floating population than was anticipated due to release, paroles and pardons so that the final number who were kept under observation for sixty days was only 73. The following table gives the results of the examinations:

TABLE III.

	Benign Tertian	Estivo- Autumnal	Mixed	Negative	Total
Original Survey .....	61	51	1	0	113
After atabrine treatment	1	6	0	106	113
After plasmochin treatment .....	0	1	0	93	94
After 60-day period following treatment .....	0	2	0	71	73

Only one patient complained of mild discomfort during treatment. Two noticed skin discoloration. The fact that most of the white men had been working in the fields and were tanned and that about half of the series were negroes may account for the small number of skin discolorations noted. The action of the dye in atabrine usually manifests itself in a higher



percentage of cases. One of the men treated became ill three days following completion of the treatment and died several days later. A diagnosis of pneumonia was made by the prison physician and there were no epigastric or other symptoms to indicate toxic effects of atabrine or plasmochin.

In the two cases positive after 60 days, the plasmochin treatment was completed in September so that it is impossible to rule out the possibility of reinfection but the absence of clinical symptoms would seem to indicate a persistent chronic infection.

Records are not available as to the number of cases of malaria during the other fall-winter season at the prison camps but the physician in charge states that there are fewer cases there this year than usual and that such cases as appear are chiefly among the more recently admitted.

While the number of patients followed through the observation period is comparatively small the relapse rate of less than 3 per cent is worthy of consideration. From a public health standpoint the elimination of the carrier is a most important problem in malaria control. As the recent survey shows, the malaria carrier rate in Arkansas is high. If there is any possibility that atabrine and plasmochin can accomplish what long years of quinine medication have failed to do they are worthy of a more widespread trial. A record kept by practicing physicians of results attained, especially in the prevention of relapses, would be of great value. Health departments can do much in mosquito eradication but the elimination of the human carrier is the doctor's problem and it can best be solved by pooling the information obtained by individual experiment and experience.

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4. Johnson, P. D. Treatment of Malaria in Europeans by Atabrine with Special Reference to the Relapse Rate—*Brit. Med. J.*, March 17, 1934.

#### EDUCATIONAL MATERIAL ON CANCER AVAILABLE IN ARKANSAS.

##### SLIDES

- Tumors of the Breast (medical) . . . Dr. D. W. Goldstein  
Dr. H. S. Thatcher  
Tumors of the Uterus (medical) . . . Dr. D. W. Goldstein

##### FILMSTRIPS

- Carcinoma of the Breast (medical) Dr. D. W. Goldstein  
Dr. H. S. Thatcher  
Tumors of the Uterus (medical) . . . Dr. D. W. Goldstein  
Fight Cancer With Knowledge . . . Dr. D. W. Goldstein  
(For women's clubs, luncheon Dr. H. S. Thatcher  
clubs and other lay audiences)  
Cancer: Its Life History and Practical Measures  
for Its Control . . . Dr. D. W. Goldstein  
(For university students, nurses, Dr. H. S. Thatcher  
etc.)

- FILMSTRIP PROJECTORS . . . Dr. D. W. Goldstein  
Dr. H. S. Thatcher

- FILM AND PROJECTOR (movie) . . . Dr. H. S. Thatcher  
8 minute Canti film (for medical profession,  
medical students, nurses, etc.)

- SYMPOSIA ON TUMORS OF BREAST AND  
UTERUS . . . Dr. D. W. Goldstein  
Dr. R. L. Saxon  
Dr. M. J. Kilbury

County medical societies desiring to present cancer programs at either medical or lay meetings will please communicate with one of the following:

- Dr. D. W. Goldstein, 100 South 13th St., Fort Smith,  
Dr. R. L. Saxon, 3310 West 12th St., Little Rock,  
Dr. M. J. Kilbury, 926 Donaghey Bldg., Little Rock,  
Dr. H. S. Thatcher, University of Arkansas School of  
Medicine, Little Rock.

#### SCIENTIFIC EXHIBIT—KANSAS CITY SESSION AMERICAN MEDICAL ASSOCIATION.

The Scientific Exhibit at the Kansas City Session of the American Medical Association will be held in the Municipal Auditorium in conjunction with the other activities of the Association, May 11-15, 1936. All applicants for space in the Scientific Exhibit must fill out the regular application blank.

The exhibit will cover a wide variety of subjects, including the basic medical sciences as well as the various specialties in medicine. The various sections of the Scientific Assembly have appointed section representatives, who will correlate the section exhibits, as far as possible, with the papers read at the section sessions.

Application for the Scientific Exhibit close on January 27, 1936. Assignments of space will be made about February 24, 1936.

Further information may be obtained from Thomas G. Hull, Director, Scientific Exhibit.

#### COMING MEDICAL MEETINGS.

First annual conference of County Medical Society Secretaries, Little Rock, January 6th.

Dallas Southern Clinical Society, Dallas, March 16-19, 1936.

Arkansas Medical Society, Hot Springs National Park, April 27, 28, 29, 1936.

American Medical Association, Kansas City, May 11-15, 1936.

THE FIRST ANNUAL CONFERENCE  
*of*  
COUNTY MEDICAL SOCIETY SECRETARIES  
*of* ARKANSAS

Hotel Marion, Little Rock, January 6th, 1936

Registration at 10:00 A. M. Luncheon at noon.

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PROGRAM:

M. E. McCaskill, President, Arkansas Medical Society, Little Rock:

"Ethics"

Val Parmley, Chairman, Legislative Committee, Arkansas Medical Society, Little Rock:

"The Next Session"

D. A. Rhinehart, Chairman, Public Relations Committee, Arkansas Medical Society, Little Rock:

"The Value of a Public Relations Committee in the County Medical Society"

R. B. Robins, Chairman, Scientific Work Committee, Arkansas Medical Society, Camden:

"Arranging the County Society Program"

A. B. Dickey, Secretary, Nevada County Medical Society, Prescott:

"How the Arkansas Medical Society May Help the County Societies"

Olin West, Secretary, American Medical Association, Chicago:

"Medical Service—A Professional Service"

Discussion—"This Matter of Collecting Dues"

F. D. Smith, Secretary, Mississippi County Medical Society, Blytheville; J. L. Roberts, Secretary,  
Howard-Pike County Medical Society, Nashville.

G. A. Hebert, Secretary, Garland County Medical Society, Hot Springs National Park:

"The Social Gathering of the County Medical Society"

A. M. Gibbs, Secretary, Ashley County Medical Society, Hamburg:

"The Value of Combining County Medical Societies for Scientific Programs"

County Society Secretaries are urged to attend. All members of the Arkansas Medical Society are cordially invited.

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# THE JOURNAL

## OF THE

### ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules  
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Tenth District—S. J. WOLFERMANN.....	Fort Smith

#### STANDING COMMITTEES

(Appointments expire with annual session of the year indicated.)  
SCIENTIFIC WORK—R. B. Robins, Camden, Chairman (1936);  
L. L. Purifoy, El Dorado (1937); W. R. Brooksher, Fort Smith  
(1938).

MEDICAL LEGISLATION—Val Parmley, Little Rock, Chairman  
(1937); M. L. Norwood, Lockesburg (1937); O. L. Williamson,  
Marianna (1937); H. T. Smith, McGehee (1936); R. L. Smith, Rus-  
sellville (1936); A. S. Buchanan, Prescott (1938); R. M. Eubanks,  
Little Rock (1938).

HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Little  
Rock, Chairman (1937); S. W. Douglas, Eudora (1937); B. M.  
Stevenson, West Memphis (1937); H. K. Carrington, Magnolia  
(1936); H. A. Stroud, Jonesboro (1936); F. O. Mahony, El Do-  
rado (1938); H. A. Higgins, Little Rock (1938).

MEDICAL EDUCATION AND HOSPITALS—Joe F. Shuffield,  
Little Rock, Chairman (1937); David Levine, El Dorado (1936);  
R. T. Smith, Little Rock (1938).

PUBLIC RELATIONS—D. A. Rhinehart, Little Rock, Chairman  
(1937); E. E. Barlow, Dermott (1936); Pat Murphey, Little Rock  
(1938).

MEDICAL ECONOMICS—A. C. Shipp, Little Rock, Chairman  
(1938); I. F. Jones, Fort Smith (1937); R. B. Robins, Camden  
(1937); Ralph M. Sloan, Jonesboro (1936); D. E. White, El Dorado  
(1936); M. C. John, Stuttgart (1938); R. M. Blakely, Little Rock  
(1938).

SCIENTIFIC EXHIBIT—H. King Wade, Hot Springs National  
Park, Chairman (1936); W. E. Gray, Hot Springs National Park  
(1937); H. Fay H. Jones, Little Rock (1938).

ARRANGEMENTS—(Host Society 1936 Session)—H. King Wade,  
Chairman.

AUXILIARY—L. F. Barrier, Little Rock, Chairman (1938); C. S.  
Holt, Fort Smith (1937); W. T. Wootton, Hot Springs National  
Park (1936).

#### SPECIAL COMMITTEES

NECROLOGY—W. H. Mock, Prairie Grove, Chairman (1938);  
H. Moulton, Fort Smith (1937); J. M. Lemons, Pine Bluff (1936).

CANCER CONTROL—D. W. Goldstein, Fort Smith, Chairman  
(1937); R. L. Saxon, Little Rock (1936); M. J. Kilbury, Little  
Rock (1938).

MATERNAL WELFARE—E. H. White, Little Rock, Chairman;  
S. B. Hinkle, Little Rock; J. W. Walker, Fayetteville; O. J. T.  
Johnston, Batesville; J. O. Rush, Forrest City; P. H. Phillips,  
Ashdown; E. C. McMullen, Pine Bluff; H. C. Dorsey, Fort Smith.

POST-GRADUATE STUDY—Frank Vinsonhaler, Little Rock, Chair-  
man; D. A. Rhinehart, Little Rock, Vice-chairman; Joe F. Shuf-  
field, Little Rock, Secretary; H. A. Stroud, Jonesboro; O. J. T.  
Johnston, Batesville; M. C. John, Stuttgart; E. E. Barlow, Der-  
mott; R. B. Robins, Camden; A. S. Buchanan, Prescott; Euclid  
Smith, Hot Springs National Park; B. L. Robinson, Little Rock;  
S. C. Fulmer, Little Rock; H. W. Hundling, Little Rock; J. H.  
Fowler, Harrison; J. A. Foltz, Fort Smith.

## EDITORIAL

### THE NEW YEAR.

The Arkansas Medical Society has concluded a most successful year, 1082 physicians were en-rolled as active members, the largest roster since 1930. Great interest has been manifested in organization; county and district societies have been quite active throughout the year. It has been our pleasure to attend a number of their meetings, sessions with exceptional programs and good attendance, enlivened by enthusiastic discussion. County officers have been alert to the interests and welfare of the individual physician. The county secretaries have worked unceasingly to promote the functions of their groups. The councilors have evidenced a desire to work their districts up in better shape than ever before. President McCaskill has given unsparingly of his time to every enterprise which had an effect upon medical practice within the state. His work in connection with the ERA program is a high point in service to an organization, a personal sacrifice on his part which has been productive of greater interest in organized medicine on the part of many individual physicians.

With this spirit of progress, we start a New Year. Gains accomplished must be made permanent; new objectives beckon. There must be no cessation of the organization machinery. The individual practitioner must be kept in a constant state of alertness, he must realize that basically he is organized medicine. Solidarity of medical opinion must be retained. Action and unity of action must not falter.

Since it is by sheer strength of numbers that we exert our greatest influence against political and governmental encroachments, the first objective for 1936 must be: EVERY ELIGIBLE PHYSICIAN IN ARKANSAS AN ACTIVE, ENTHUSIASTIC AND INFORMED MEMBER OF HIS OWN MEDICAL SOCIETY.

We have a job to do! Let us do it!

### WHO WILL PAY THE BILL?

A discussion of the application of state medicine, socialized medicine, compulsory health insurance, or any other plan providing for a system of complete medical service for all citizens at public expense must logically first consider the expenditure necessary for the operation of such a system. The present system of medicine, faulty as our critics allege it to be, would naturally be replaced by whatever system which might

be set up, requiring, as we shall show, a far greater outlay in money. Such funds by their very magnitude can only be raised by taxation, or at the best, by taxation supported by compulsory contributions.

According to the Committee on the Costs of Medical Care, such a service may be made available to individuals at a cost estimated to be between twenty and forty dollars a year. Without debating the validity of these figures, although independent surveys, notably that of the Michigan State Medical Society, have shown that such an estimate is too low, we shall take as a fair figure for this discussion the sum of thirty dollars as the cost of this service to the individual. At this time all governmental functions in the United States are said to function on a tax collection of \$116 per capita. Thus, approximately one-fourth of our present tax receipts would have to be collected, as an additional tax burden, if socialized or state medicine is to be put into effect for the benefit of all citizens at this median figure. This would compare with the present federal expenditure of about 27 per cent of its income for pensions and about 29 per cent for war debts.

Disregarding the political expediency of such an additional tax levy, and assuming that by some process, this additional tax levy might be legislatively placed in operation, what will be its source? Property taxes now account for 49 per cent of our tax income, the income tax adds 24 per cent, while customs, gasoline and all other sources garner the remainder. These figures apply to all governmental divisions of our country. Can we visualize the means whereby the estimated additional 25 per cent for public medical service may be obtained?

Let us consider Arkansas under such a scheme. An outlay of \$54,000,000 would be required for our 1,800,000 citizens, a sum greater than the present cost of all governmental activities, state, local and school systems. If we assume that only fifty per cent of our population would take advantage of this medical service the figure remains at a still high level, \$27,000,000. Even though a generous federal government match funds with us, and we must not overlook the fact that such a matching of funds merely implies tax collections from another quarter, Arkansas' share still remains at a rather impossible sum of \$13,500,000. Arkansas' tax income in 1933, \$50,000,000, represented a per capita levy of \$28.89. Is it possible that our legislature would favor the

imposition of a tax program which would account for this \$13,500,000? Another viewpoint is the supposition that state medicine would be tried. Of our 1800 physicians let us take for granted that 900 would wish to practice under such a plan. If we allot them a yearly salary of \$2,000, certainly no princely sum, only a paltry \$1,800,000 would be required for their services. The matter of the payment of hospital, nursing, dental and other specialized medical services would be in addition to this amount, the mere mention of which suggests the terrific public obligation which is implied.

Is Arkansas ready to assume this obligation?

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### SECRETARIES' CONFERENCE

This issue contains the program for the First Annual Conference of County Medical Society Secretaries of Arkansas to be held in the Marion Hotel, Little Rock, January 6th, 1936. Registration will begin at 10:00 A. M., and the program will be divided into morning and afternoon sessions with a get-together luncheon at noon. The subjects to be presented are those of particular interest to county society secretaries and it is anticipated that the general discussion will be productive of the interchange of valuable ideas. A number of the councilors have signified their intention of being in attendance and the entire official family of the state society is expected. The Society is pleased to have as honor guest for the occasion, Dr. Olin West, Secretary, American Medical Association, whose address will be one of inspiration to the individual practitioner. The general membership of the Society is cordially invited to attend the entire session, but especially do we urge that all who may hear Dr. West, do so. The conference of county society secretaries has proven most successful in other states and we feel that it will be of great service to the Arkansas Medical Society. Please make your plans to be present.

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### EDITORIAL COMMENT

The Journal makes just one more plea that members of the Arkansas Medical Society ascertain if the high schools in their communities will debate the much-publicized question of state medicine during the coming year. Despite its frequent mention in the columns of the Journal but one request has reached the state secretary's office for material to be used by the speakers. It is obvious that this does not correctly reflect the number of inquiries which should be received. Your duty to yourself and your profession demands that you take an active part in the preparation for this debate in your community in order that the viewpoints of organized medicine may be properly presented to the public.



## PROCEEDINGS OF SOCIETIES

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The Ouachita County Medical Society held its regular monthly meeting December 5th at the home of Dr. C. M. Plunkett of Elliott, Arkansas. The doctors were served a delightful dinner by Dr. and Mrs. Plunkett. There were fourteen physicians present.

Dr. E. L. Beck of Texarkana, who was born near Elliott, and began the practice of medicine in Calhoun county, was the principal speaker. A scientific movie program was an additional feature.

The society voted to continue the Ouachita County Plan of public health activity whereby all immunizations and examinations of school children were to be given by the practicing physicians instead of the County Health Unit. It was also decided to run a series of articles in the local newspaper, under the auspices of the Ouachita County Medical Society, on medical and medico-economic subjects.

The following officers were elected for the coming year:

President, Dr. J. P. Clemens of Mt. Holly, Ark.  
Vice-Pres., Dr. E. J. Byrd of Bearden, Ark.  
Secretary, Dr. R. B. Robins of Camden, Ark.  
Delegate, Dr. Sam Thompson of Camden, Ark.  
Alternate, Dr. R. B. Robins of Camden, Ark.

R. B. ROBINS, Sec'y.

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The Eighth Councilor District Medical Society met at Little Rock December 4th with clinics conducted at the Baptist State Hospital in the morning as follows: "Epithelioma of the Lip," R. Q. Patterson; "Indications for Artificial Pneumothorax," A. C. Shipp; "Renal Tuberculosis," H. Fay H. Jones; "Congenial Cataracts," E. K. Cosgrove; "Back Injuries," Joe F. Shuffield; "A Series of 200 Obstetrical Cases," R. M. Blakely; "Low Backache," Joe H. Sanderlin; "Immunization of Children Against Some of the More Important Contagious Diseases," A. C. Kirby; and "Bowel Obstruction," W. R. Richardson. At the afternoon session the following papers were presented: "Surgery as an Art," Dewell Gann, Jr.; "Diagnosis and Treatment of Vascular Diseases of the Extremities," F. W. Carruthers; and "The X-ray Treatment of Epithelioma of the Skin," D. A. Rhinehart. The program was arranged by M. J. Kilbury, H. Fay H. Jones and Earle Hunt. Officers elected are: President, Earle A. Hunt, Clarksville; Vice-president, T. W. Hardison, Mor-

ilton; and Secretary, T. D. Brown, Little Rock. The society will next meet at Petit Jean.

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The annual President's Night of Pulaski County Medical Society was held December 4th with President M. E. McCaskill, President-elect Geo. B. Fletcher, and Past-presidents Frank Vinsonhaler, H. Moulton, M. L. Norwood, Robert Caldwell, W. T. Wootton, J. M. Lemons, F. O. Mahony, D. A. Rhinehart, E. E. Barlow and L. J. Kosminsky as honor guests. The following program was presented: "Essential Dysmenorrhea," S. J. Wolferman, Fort Smith, and "Funny Bones of the Head," Hon. H. T. Harrison, Little Rock.

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Mississippi County Medical Society has elected the following officers: W. M. Owen, Armorer, President; T. F. Hudson, Luxora, Vice-president, and Secretary-treasurer, F. D. Smith, Blytheville.

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The Pulaski County Medical Society was addressed December 2nd by W. C. Danforth, Evanston, Illinois, Associate Professor of Obstetrics and Gynecology in Northwestern University. Officers elected for 1936 are: M. J. Kilbury, President; R. M. Blakely, Vice-president; R. J. Calcote, Treasurer, and E. H. White, Secretary.

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Saline County Medical Society has elected the following officers: T. C. Watson, President; D. W. Fulmer, Vice-president; C. W. Jones, Secretary-treasurer, and D. W. Gann, Sr., Delegate.

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Jefferson County Medical Society has elected the following officers: Virgil L. Payne, President; C. J. Higinbotham, Vice-president; R. E. Maynard, Secretary-treasurer, and J. M. Lemons, delegate.

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The Lawrence County Medical Society met with T. C. Neece at Walnut Ridge in November with Wm. Johnson, Hardy, speaking on "Anomalies of Pregnancy."

CHAS. D. TIBBLE, Secretary.

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The Howard-Pike Medical Society has organized a Doctor's Collecting Agency to facilitate the payment of medical fees.

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John M. Smith, Russellville, addressed the Faulkner County Medical Society November 21st on "The Surgery of Abdominal Tumors" and presented an illustrative motion picture.

The Craighead-Poinsett County Medical Society met in dinner session at Jonesboro on December 12th for the following program: "Head Injuries," R. H. Klemme, Saint Louis, and "Birth Injuries," B. F. Turner, Memphis.

The Sixth Councilor District Medical Society met at DeQueen December 10th for the following scientific program: "The Importance of Pre-operative Treatment," W. A. Hutchinson, Texarkana; "Management of Pelvic Infection," R. L. Hopkins, DeQueen; "Common Injuries to the Face," Curt von Wedel, Oklahoma City; "The Cystoscope: Its Value and Limitations," H. E. Longino, Texarkana; "The Short Course Treatment of Malaria," J. P. Sanders, Caspiana, Louisiana; and "Menopausal Changes," Geo. B. Fletcher, Hot Springs National Park. Luncheon was served and in the evening a public meeting was held under the joint auspices of the Auxiliary to the Sevier County Medical Society, the Sevier County Medical Society and the Parent-Teachers Association. At this meeting Dr. von Wedel spoke on "What Can and What Cannot be Done in Plastic Surgery," and the motion picture, "Good Hospital Care," was exhibited. Officers elected for 1936 are: President, C. A. Archer, DeQueen; Vice-president, H. E. Longino, Texarkana, and Secretary-treasurer, R. R. Robins, Texarkana. The March, 1936, meeting of the society will be held in Prescott.

The Sebastian County Medical Society was addressed December 10th by C. J. Fishman, Oklahoma City, on "The Uses and Abuses of Roentgenology in Internal Medicine." Officers elected for 1936 are: President, M. E. Foster; Vice-president, W. G. Eberle; Secretary, L. M. Henry, and Treasurer, W. R. Brooksher.

Drew County Medical Society has elected the following officers: President, A. S. J. Collins; Vice-president, J. P. Price, and Secretary-treasurer, J. S. Wilson.

The White County Medical Society was addressed December 5th by W. R. Richardson, Little Rock, on "Intestinal Obstruction."

Lawrence County Medical Society has elected the following officers: President, T. C. Guthrie, Smithville; Vice-president, W. W. Brown, Williford; Secretary-treasurer, G. S. Atkinson, Hardy; Delegate, Wm. Johnston, Hardy, and Alternate, W. W. Hatcher, Imboden.

The Independence County Medical Society met in dinner session December 11th electing the following officers: President, P. H. Jeffery, Bethesda; Vice-president, F. A. Gray, Batesville; Secretary-treasurer, M. S. Craig, Batesville, and Delegates, L. T. Evans and P. H. Jeffery. Scientific discussions were presented by I. M. Huskey, C. G. Hinkle and O. J. T. Johnston.

Union County Medical Society has elected the following officers: President, A. D. Cathey; Vice-president, J. B. Wharton; Secretary-treasurer, B. L. Moore; Delegates, J. G. Mitchell, D. E. White, and Alternates, S. J. McGraw and David Levine.

The Ninth Councilor District Medical Society met at Harrison December 3rd for the following scientific program: "Common Skin Diseases," Geo. F. Jackson, Little Rock; "Diagnostic Significance of Jaundice," S. J. Wolfermann, Fort Smith; "Ectopic Pregnancy," W. A. Snodgrass, Little Rock; "Medical Organization," M. E. McCaskill, Little Rock, and "Public Health Work," W. B. Grayson, Little Rock. The meeting closed with an evening banquet session. The Society will next meet at Eureka Springs.

Washington County Medical Society has elected the following officers: President, H. D. Wood; Vice-president, F. R. Morrow; Secretary-treasurer, Fount Richardson, and Delegate, W. A. Fowler.

Crawford County Medical Society has elected the following officers: President, B. B. Bruce, Alma; Vice-president, J. A. Wigley, Mulberry, and Secretary-treasurer, L. G. Young, Van Buren.

The Southeast Arkansas Medical Society met at Monticello, December 16th. A symposium was given on the common cold, led by Dr. J. S. Wilson, of Monticello, and each one present participated in this discussion.

The Southeast Arkansas Medical Society passed a resolution endorsing the recommendation of the state Society in sponsoring a speakers' bureau. A committee was appointed to investigate and report on the Society's sponsoring a state general hospital.

The next meeting will be January 14, 1936, a joint meeting with the Fourth Councilor District Society, to be held at Pine Bluff.

A. M. GIBBS, Reporter.



## PERSONALS AND NEWS ITEMS

J. M. Taylor, Fort Smith, has moved to Mena where he will have charge of the newly-organized Mena Hospital.

A. B. Jemison has moved from Morrilton to Biloxi, Mississippi.

Drs. J. B. and S. R. Crawford have moved from Little Rock and established offices at El Dorado.

C. W. Dixon, Gould, has been appointed a member of the Lincoln County Farm Adjustment Board.

The following articles appeared in the November Tri-State Medical Journal: "Diagnosis and Treatment of Occlusive Vascular Diseases of the Extremities," F. J. Scully, Hot Springs National Park; and "Chronic Duodenal Obstruction," A. J. Cathey, El Dorado.

In accordance with an established custom, F. D. Smith, Secretary, Mississippi County Medical Society, is the first county society secretary to report assessments for 1936 memberships, submitting these on December 4th.

R. E. Pryor, formerly of Little Rock, is now associated in practice with L. L. Purifoy at El Dorado.

C. D. Winborn, El Dorado, has moved to Minneapolis where he will do graduate work in the University of Minnesota.

Dr. and Mrs. J. G. Wilson, Ulm, celebrated their golden wedding anniversary November 27th.

I. G. Jones, DeQueen, attended the Houston Clinical Society session in December.

J. S. Wilson, Monticello, addressed the Pre-Med Club of the Monticello A. & M. College, November 28th, on "The Responsibility of the Modern Doctor and How He Has Met It."

E. J. Horner, Jonesboro, addressed the Jonesboro Lions Club December 5th on "Tuberculosis."

E. M. Gray has moved from Mountain Home to Evening Shade.

W. B. Grayson, Little Rock, addressed the Cotton Belt Surgeons' Association meeting at Texarkana December 8th on "Public Health and Tuberculosis." J. O. Rush, Forrest City, was elected Vice-president of the association and C. E. Kitchens, Texarkana, was re-elected Secretary-treasurer.

MARRIED—O. G. Blackwell, Pine Bluff, and Mrs. Mildred Buck Seynard on December 4th. The Journal offers congratulations!

In honor of A. J. Hansberry who is to move from Ozark to Saint Paul, the Ozark Christian Church gave a farewell dinner on December 2nd.

"Down the Ages With Gout," by W. T. Wootton, Hot Springs National Park, appeared in the December issue of The Mississippi Doctor.

J. C. Ogden, Fort Smith, and Raymond Cook, Little Rock, have received certificates from the American Board of Ophthalmology.

Alfred Hathcock, Fayetteville, spent two weeks in postgraduate study in Saint Louis during December.

B. B. Bruce, Alma, entertained the members of the Crawford County Medical Society and other guests at dinner in his home on December 17th. Present were: B. L. Bennett, M. S. Dibrell, S. D. Kirkland, J. M. Stewart and L. G. Young, Van Buren; J. R. Crigler, Q. R. Galloway, Alma; F. G. Engler, Mountainburg; O. J. Kirksey and J. A. Wigley, Mulberry; J. A. Foltz, F. H. Krock, H. C. Dorsey, J. H. Buckley, R. T. Smith and W. R. Brooksher, Fort Smith, and Fount Richard son, Fayetteville.

H. Fay H. Jones addressed the Little Rock Federation of Women's Clubs December 17th on "Should Arkansas Have a Law Requiring a Complete Physical Examination, Including a Blood Examination, Before Marriage License is Issued?"

The quality of medical service which is one of the outstanding features of American medicine must be maintained. Every medical society is the natural guardian of the quality of medical service given in its locality. If this quality deteriorates, the battle is lost no matter how widely that service is spread or whatever may be the method or the amount of payment.—R. G. Leland, M. D.

**RANDOM THOUGHTS OF THE SECRETARY.**

December 9th. The Eighth Councilor District Medical Society met at Little Rock. A goodly attendance at the morning clinics at the Baptist State Hospital with genial Lee Gammill ushering the medicos about and a gathering of pulchritudinous nurses serving "the pause that refreshes," reminding us that this same beverage contributes monthly by advertisement to the fortunes of our Journal. The talks were excellent and we regret that we are forced to decline the luncheon invitations of Fay Jones, Shuffield, Lee Gammill, Cosgrove and other worthies who fail to offer rain checks. The Council in session, a luncheon one at that, from twelve to three-thirty, and much business of moment to the Society transacted. Yet all voted with enthusiasm for the motion to adjourn, arriving at the afternoon scientific session in time for election of officers, affording a few non-residents of the district an opportunity to vote against Earle Hunt. In the evening the second annual President's night sponsored by Pulaski County Medical Society, a happy thought to continue honoring those able men who have guided the destinies of the Society in past years. The Honorable Chairman of the Legislative Committee and the secretary having found real cause to doubt the orientation facilities of President McCaskill, combine to present him with a compass and flashlight, hoping that thereby he may confine his night travels on business connected with the Society to points in Arkansas. To bed in a comfortable berth with the memories of a pleasant day and thanks to the officers of the Councilor Society, the program committee and the officers and members of Pulaski County Medical Society for a happy occasion.

December 10th. This day journeying to DeQueen, the arrival of the train quite appropriately coinciding with the rush of the doctors to the dining room at the hotel adjoining the station. Fortunate enough to find a place and to enjoy a good luncheon, strangely devoid of post-gastronomic speeches. A most interesting scientific program following wherein von Wedel gives encouragement that some of the physiognomies which we see about us, non-traumatic, are as yet amenable to surgical improvement. The President-elect injects a pessimistic note in the otherwise joyful occasion by referring to the probabilities of a menopausal change affecting the male, a thought soberly considered by all the youngsters present. The kind invitation of I. G. Jones for dinner was an anticipation not to be realized since the dinner party, for reasons perhaps best known to themselves, postponed their entrance to the dining hall until but a scant ten minutes before train time. So, dining with the K. C. S. force, and afterwards reading with pleasure "Medical Treatment of Gall Bladder Disease," a volume crediting the roentgen-ray with a fair share of its value and surprising in its evaluation of appropriate medical regime.

December 11th. This morning we discovered that Sebastian County Medical Society re-elected us as treasurer last night, affording us the enviable privilege of again soliciting current dues, and the opportunity to achieve great popularity with the members. Also reminding us that some accounts are audited and others can not be audited.

December 12th. This day marked by the arrival of a carton of cigarettes in gay Xmas design together with a letter describing the results of many years of research in the study of a light smoke. And all about us we see those whose brand we well know opening the green and

red packages. Memo: We must write Dr. Wood and ask if he will let us have his carton.

December 15th. This being the day for final installment on income tax, we are prone to wonder just what happened to all that money which passed through our hands in 1933.

December 17th. Tonight B. B. Bruce spreads a "farm-hand" dinner at his Alma home, to which all ex- and would-be farm hands do telling justice. The evening then spent in conversation of wide range, from Matt Dibrell's accounts of the Spanish-American War, the secretary's expert account of modern anti-aircraft warfare, and some meager discussion of state medicine, to the final subject, that perennial matter of collections. Then home in the company of Krock, Dorsey and R. T. Smith, the latter furnishing the bulk of the conversational accompaniment. Withal, a pleasant evening and we hope our second helping of capon will not prejudice our invitation to the 1936 affair.

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**OBITUARY.**

EDGAR TOLMAN PONDER, aged 50, died at his home in Little Rock December 7th of broncho-pneumonia after an illness of one week. Dr. Ponder was born in Walnut Ridge in 1878, attended Arkansas College at Batesville and received his medical degree from Washington University at Saint Louis in 1901. He began practice at Walnut Ridge but moved to Little Rock in 1917, becoming a member of the staff of the State Hospital for Nervous Diseases, a connection which lasted for eight years. For the past eleven years he had been a member of the staff at the U. S. Veterans Administration Facility, North Little Rock. A specialist in neuro-psychiatry, he was Professor of Clinical Neurology in the University of Arkansas School of Medicine. Surviving relatives are his wife, two brothers and a sister.

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ANDREW JACKSON CLINGAN, aged 67, died at his home in DeQueen on November 29th following an illness of three months. Born at Bingen April 18, 1868, Dr. Clingan was a graduate of the University of Arkansas School of Medicine in 1902. He had practiced in Howard, Little River and Sevier counties since graduation and had been a resident of DeQueen since 1921. He was a member of the DeQueen Baptist Church and of the Masonic lodge. Surviving him are his wife, a sister and two brothers.

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## WOMAN'S AUXILIARY PAGE

MRS. D. W. GOLDSTEIN  
Publicity Secretary, Fort Smith

### NEW YEAR GREETINGS.

Could a better way be found to begin our 1936 Auxiliary year than to quote from "The Hand Clasp of the Auxiliary" by our beloved Mrs. Preston Hunt?

"Our hand clasp must be a hand clasp of **Friendship** and **Loyalty** among ourselves. We must not allow petty jealousies or personalities to enter our Auxiliary work. We are working for the profession, not for our own husband as an individual. His work must stand for itself!

Our feeling of friendship and loyalty to each other will cause our families and husbands to be better friends, better working comrades.

But our Hand clasp must reach farther than just among ourselves. It must reach out in Sympathetic Understanding to the Profession. We revere their background and traditions, we respect and appreciate their self sacrificing spirit, we admire their ideals and ethics; our Hand clasp for them will always be one of **Sympathetic Understanding**.

Our Hand clasp must reach still farther. It must reach out to the laity in **Tactful Guidance**. For them it must be a hand clasp of tactful **leadership**, not one that directs and forces. It must be firm yet friendly. It must be a handclasp whose pressure is for the **greatest good of all**."

Won't you and your Auxiliary do your part to make our hand clasp the power that it ought to be?

The twelfth annual meeting of the Woman's Auxiliary to the Southern Medical Association was held in St. Louis, Missouri, November 19-22 at the Jefferson Hotel.

The President, Mrs. J. Bonar White, Atlanta, Georgia, presided at the opening meeting and luncheon Wednesday, November 20th. Most interesting talks were given by Mrs. Rogers N. Herbert, Nashville, Tennessee, President, Woman's Auxiliary to the American Medical Association; Mrs. J. B. White, Atlanta, Georgia; Mrs. V. E. Holcombe, Charleston, West Virginia; Mrs. William Hibbits, Texarkana, Arkansas; Dr. H. Marshall Taylor, Jacksonville, Florida, President, Southern Association; Dr. Seale Harris, Birmingham, Alabama, and Dr. A. A. Herold, Shreveport, Louisiana. Mrs. R. C. Kory, of Little Rock, Arkansas, very cleverly introduced the honor guests. Reports of various committees were given at the meeting on Thursday morning, November 2, and new officers were installed. The principal address of the morning was given by Mrs. David S. Long, Harrisonville, Missouri, National Chairman of Public Relations.

Arkansas was well represented at the meeting of the Woman's Auxiliary to the Southern Medical Association in St. Louis.

Those attending were: Mesdames M. T. Smith, Conway; L. J. Kosminsky, Texarkana; H. E. Murry, Texarkana; W. H. Hibbits, Texarkana; S. A. Collum, Texarkana; S. A. Collum, Jr., Texarkana; P. H. Phillips, Ashdown; W. R. Brooksher, Fort Smith; D. W. Goldstein, Fort Smith; J. E. Stevenson, Fort Smith; F. Richardson, Fayetteville; W. T.

Wootton, Hot Springs; E. M. Smith, Hot Springs; J. M. Proctor, Hot Springs; A. A. Gilbert, Fayetteville; C. F. Bates, Lake City; F. W. Carruthers, Little Rock; A. G. Cazort, Little Rock; B. A. Bennett, Little Rock; J. H. Sanderlin, Little Rock; A. C. Kolb, Hope; O. C. Melson, Little Rock; C. E. Oates, Little Rock; C. W. Garrison, Little Rock; R. C. Kory, Little Rock; D. L. Owens, Harrison; D. K. Kitchen, El Dorado; C. G. Hinkle, Batesville; F. A. Gray, Batesville; L. T. Evans, Batesville; C. M. Harwell, Osceola; Noel Copp, Calico Rock; T. E. Benton, Lonoke; E. Bake, Dermott; W. M. Gibson, Nashville, and W. E. Hamil, Pocahontas.

Mrs. Anderson Watkins, of Little Rock, has again been honored in an invitation to represent her community in the National publication of "Who's Who in American Women." This honor comes only to women who have achieved success through social, political or vocational activities. Mrs. Watkins was first appointed when she was President of the Woman's Auxiliary to the Pulaski Medical Society.

The Woman's Auxiliary to the Carroll County Medical Society sponsored a dedication program, open house and linen shower November 15th for the new hospital in Berryville, which was officially opened on that date.

Members of the Auxiliary were very ably assisted by Mrs. R. P. Spurlin and Mrs. Brown, whose husbands are dentists, Mrs. Poyner and Mrs. Lula Wade, widows of doctors, and Mrs. J. M. Baker and Mrs. F. Vaughtner, whose husbands are retired doctors. Each was dressed in nurse's white uniforms.

Mrs. D. K. McCurry, of Green Forest, gave "Our Doctor" as a tribute to all doctors present.

The dedicatorial address was delivered by the Honorable James Trimble, who paid high tribute to the vision which prompted the building of the hospital by Hanby & Sons, and the generosity and sacrifice as well as vision of Dr. J. R. Parker who was the inspiration of this new hospital which is a great asset to this section of the country.

Mrs. A. L. Carter read "Eulogy to a Physician." Each doctor was presented with a red rose.

A supply of linens, a utility cabinet, and other useful articles were included in the generous "shower."

Woman's Auxiliary of the Miller and Bowie Counties Medical Societies met November 21st with Mrs. Thomas F. Kittrell. Co-hostesses were Mrs. L. H. Lanier, Mrs. N. B. Daniel and Mrs. Joe Tyson.

Mrs. Allen Collom, Jr., presided over the business session, and the Auxiliary voted to help sponsor the annual tuberculosis seal sale. The group also will follow the annual custom of filling Christmas stockings for the United Charities. Reports on the Southern Medical Society Auxiliary meeting, held in St. Louis, were given by Mrs. Allen Collom, Mrs. Harry Murry, and Mrs. William Hibbits. Mrs. Lanier was program leader. Mrs. Roy Basket read a paper on "Leisure and Health."

## BOOK REVIEWS

**Handbook of Physiology.** By the late W. D. Halliburton, M. D., LL.D., F. R. C. P., F. R. S., Formerly Professor of Physiology, University of London, King's College, and J. S. McDowell, M. B., D. Sc., F. R. C. P. (Edin.), Professor of Physiology, University of London, King's College. 34th Edition. Pp. 971. Numerous illustrations and four colored plates. Price \$5.50. Philadelphia: P. Blakiston's Son and Co., 1935.

This book is written with the knowledge that a clear conception of structure is a necessary prerequisite to the proper understanding of function. The first chapter is devoted to the structure of the typical animal cell. In addition, there is at the beginning of each chapter or section of the book a brief, but comprehensive, survey of the structure, both gross and microscopic, of the organs under discussion. A worth while feature are the blank pages which may be used for notes.

The chapters devoted to the nervous system are written in a clear, simple and understandable style. Even one who had not previously studied the subject of neuro-anatomy could, by a careful study of these chapters, gain a knowledge and understanding of the essentials of neuro-anatomy. The physiology of the central nervous system is admirably discussed. The discussion of the physiology of the heart and circulation is particularly good.

There is only one disappointing section of the book and that is the section dealing with the endocrine glands. It seems that a discussion of the pituitary should be given prime importance in any discussion of the endocrines. In the discussion of the pituitary only the symptoms of hypopituitarism and hyperpituitarism are discussed and these without any theoretical explanation. The erroneous impression is likely to be left that diabetes insipidus is due to a dysfunction of the anterior pituitary. Furthermore, no direct mention is made of the growth hormone, the thyrotropic hormone, the lactogenic hormone or prolactin. The follicle-stimulating hormone and the luteinizing hormone are incorrectly referred to as prolan a and prolan b, respectively. No mention is made of the fact that the anterior pituitary secretes a gonadotropic hormone in the male which is responsible for the activity of the testicles. Neither is any mention made of the diabetogenic or ketogenic factors.

In discussing the control of thyroid activity it is stated that the thyroid is largely controlled by the sympathetic portion of the autonomic system. No mention is made whatsoever of the pituitary thyroid relation. It should be evident from the above examples that the section on endocrinology is poor and far from being up to the facts that are now definitely known concerning this system. I do not wish to be too critical, but I feel that a proper understanding of this field of physiology which is occupying such a large part of the field of medicine today should receive more attention in a text book which is excellent in every other respect.

J. FRANK TURNER.

**Free Medical Care (Socialized Medicine).** By E. C. Buehler, Director of Forensics, University of Kansas, Lawrence. Pp. 360. Price \$2.00. New York: Noble and Noble, 1935.

This volume compiles articles relative to the subject selected for high school and college debates in 1935-36. Approximately twice as much of the content is devoted to the affirmative phase of the debate as to the

negative, an unfair allotment despite the obvious need for more argument by the affirmative side. The book does provide a wide bibliography and thus is of material assistance to the debaters. The very definite impression is obtained that the compilation has been hasty. This is most evident in the preface which we have critically reviewed in view of the fact that it was written by a professor of forensics, presumably given to the use of correct English. Therein appear two sentences with lack of agreement between singular subject and plural predicate, certain poorly constructed phrases and the statement "loss of human life which far excelled (sic!) the loss in battle." One more error is the use of the participle instead of the noun in the enumeration of the activities of governmental agencies. We feel that we may properly suggest to the compiler that he avail himself of the no doubt excellent course in freshman English at his university.

**The Stomach and Duodenum.** By George B. Eusterman, M. D., F. A. C. P., Head of Section in Division of Medicine, The Mayo Clinic, Professor of Medicine, The Mayo Foundation for Medical Education and Research, Graduate School, University of Minnesota; and Donald C. Balfour, M. B., M. D. (Tor.), LL.D., F. A. C. S., F. R. A. C. S., Head of Section in Division of Surgery, The Mayo Clinic, Professor of Surgery, The Mayo Foundation for Medical Education and Research, Graduate School, University of Minnesota; and Members of the Staff, The Mayo Clinic and The Mayo Foundation for Medical Education and Research, Graduate School, University of Minnesota. 958 pages with 436 illustrations. Philadelphia and London: W. B. Saunders Company, 1935. Cloth, \$10.00 net.

This is a most complete presentation of every aspect of the diseases affecting the stomach and duodenum. All of the newer methods of treatment and diagnostic tests are described in detail. Additional chapters, contributed by colleagues, cover the physiology, pathology and roentgen-ray study of these organs. For the first time we have seen the physician and the surgeon each given his place in the sun in a single presentation on the subject of ulcer. The volume is invaluable to every physician who deals with the diseases of this important part of the gastro-intestinal tract; indeed, we feel that it is the most valuable text yet offered in its field.

**A Textbook of Bacteriology.** By Thurman B. Rice, A. M., M. D., Professor of Bacteriology and Public Health at the Indiana University School of Medicine. 551 pages with 121 illustrations. Philadelphia and London: W. B. Saunders Company, 1935. Cloth, \$5.00 net.

This volume has most thoroughly covered all points of bacteriology of interest to the student, technician and the physician. The chapters are so arranged that reading and study of the bacteria are completed within a few pages, eliminating lost time in having to skip from one part of the book to another for data on a given organism. The practical phases of the subject are emphasized, omitting the long discussions on controversial subjects. One feature of this compact textbook is the special appendix which gives in detail the methods of properly collecting and preparing all specimens for laboratory examination. The illustrations are simple, yet exact enough to reduce confusion and misunderstanding to the minimum. The book most pleasingly meets the demand for the fundamentals necessary for study in a short bacteriology course.



**Surgery Queen of the Arts and Other Papers and Addresses.** By William D. Haggard, M. D., F. A. C. S., D. C. L., Nashville, Tennessee, Professor of Clinical Surgery, Vanderbilt University School of Medicine; Surgeon to Vanderbilt Hospital and St. Thomas Hospital; President, Southeastern Surgical Congress; former President of the American Medical Association, the American College of Surgeons, the Inter-State Postgraduate Medical Association of North America, the Southern Surgical Association, and the Tennessee Medical Association; formerly Lieutenant-Colonel, Medical Corps, U. S. A.; Consultant in Surgery, Mesves Hospital Center, A. E. F. Foreword by William J. Mayo, 389 pages, Illustrated. W. B. Saunders Company Philadelphia and London, 1935.

This book is made up of a selected number of addresses and lectures by a great teacher and surgeon. His different papers are so arranged as to divide the book into two parts. One group constitutes an interesting history of early medicine and surgery and of some of our famous men in the medical profession, written in a style which would do credit to an Oxford English professor. His philosophical teachings are inspiring.

The second group of papers compose the scientific part of the book which brings surgery up to its present development, dealing instructively with some of the major surgical problems of the abdomen, breasts, thyroid, and blood vessels. Quite a lot of space is well devoted to differential diagnosis, with case reports to further emphasize the important points.

As well as being a source of surgical information, this book is interesting and easy to read. It constitutes a guide to young surgeons in more ways than in the actual practice of surgery, since one could not read this volume without having a greater respect for his profession and without having a clearer understanding of his obligations to his fellow man. *Surgery Queen of the Arts* would be an asset to any medical library.

**Clinical Diagnosis by Laboratory Methods:** By James Campbell Todd, Ph.B., M.D., Late Professor of Clinical Pathology, University of Colorado, School of Medicine; and Arthur Hawley Sanford, A.M., M.D., Professor of Clinical Pathology, University of Minnesota (The Mayo Foundation); Head of Section on Clinical Laboratories, Mayo Clinic. Eighth Edition, Thoroughly Revised. 792 pages with 370 illustrations, 20 in color. Philadelphia and London: W. B. Saunders Company, 1935. Cloth, \$6.00 net.

The author has presented this book to laboratory workers and clinicians in a most complete and beneficial manner. This manual presents many new additions and revisions of the old form. The outstanding methods of all laboratory tests are clinically interpreted. The studies on urinalysis have been enlarged with many new methods devised for various examinations. The chapter on blood has many new arrangements including a new illustration explaining the relation of blood groups to heredity and an interesting classification of anemia. The protozoa have been placed in the chapter on animal parasites. The new method of Exton and Rose for sugar tolerance is given. The preparation of vaccines and biological skin tests are explained concisely. In the appendix are found the suggestions for equipping a modern laboratory, and the table of normal values.

The author is to be commended on a splendid piece of work.

**Yearbook of General Medicine, 1935.** Edited by Geo. F. Dick, Lawrason Brown, Geo. R. Minot, Wm. B. Castle, W. D. Stroud, and Geo. B. Eusterman. Pp. 848. Price \$3.00. Chicago: The Yearbook Publishers, 1935.

This volume brings to the physician a wealth of knowledge concerning the newest things in treatment in general medicine. Especially good are the sections on Diseases of the Chest and Diseases of the Blood and Blood-forming Organs. Drs. Brown and Minot handle these two sections in their usual clear and concise manner which makes for easy and interesting reading. The chapter on Tuberculosis alone is worth the price of the book to any general practitioner. Each section of the volume is handled in a way that makes this, the 1935 edition, one of the best that has been presented by the publishers. To one who desires to keep up with the rapid progress in medicine, and in particular for those newer methods that are worth while, this volume comes as a valuable addition to his library.

**A Marriage Manual.** By Hannah M. Stone, M. D., Medical Director of the Birth Control Clinical Research Bureau and of the Marriage Consultation Center at the Community Church and Labor Temple, New York, New York, and Abraham Stone, M. D., Adjunct Urologist at the Sydenham Hospital, Co-Director at the Marriage Consultation Center at the Community Church and Labor Temple, New York, N. Y. Pp. 313. Price \$2.50. New York: Simon and Schuster, 1935.

The authors present in the form of hypothetical questions between a physician and a young couple the problems of sex which confront normal people. Its dialogue style lends a vividness to its brief and realistic presentation. Rational judgment and sound advice characterize the work which adequately meets the need for which it was intended.

**Diseases of the Nose and Throat,** for Practitioners and Students, by Charles J. Imperatori, M. D., F. A. C. S., Professor of Clinical Otolaryngology, New York Post-Graduate Medical School, Columbia University, New York, and Herman J. Burman, M. D., Instructor of Clinical Otolaryngology, New York Post-Graduate Medical School, Columbia University, New York. 480 Illustrations. Price \$7.00. J. B. Lippincott Company, Philadelphia.

The busy practitioner wants to know two things: "What is the diagnosis and what is the treatment?" This book seems to have been written in answer to those questions, the usual mass of reading material being omitted and the arrangement varying from the usual orthodox textbook. The symptoms, diagnosis and treatment are placed first; the pathology and etiology are placed last. This lends the book to ready reference.

This volume is of inestimable value to the practitioner and the specialist in nose and throat work because of its easily readable type, its clear classification of diseases, and the illustrations which convey a ready mental picture. It is concise but sufficient informative on symptoms, diagnosis, and treatment, both medical and surgical.

# THE JOURNAL

## of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXII

LITTLE ROCK, ARKANSAS, FEBRUARY, 1936

No. 9

### UNDERWATER THERAPY IN THE TREATMENT OF CHRONIC ARTHRITIS\*

EUCLID M. SMITH, M. D.  
Hot Springs National Park

Therapeutic pools were known to the ancients and have been in use in the European spas for a great many years, but only recently has this form of therapy been placed on a rational and scientific basis. In 1912 the late Robert W. Lovette of Boston devised a system of exercises for muscle re-education and restoration, which was based on a thorough investigation of muscle function in the various groups. Ten years later Charles W. Lowman of Los Angeles conceived the idea of performing these exercises under water and established what he has termed "underwater gymnastics." Lowman found this form of exercise to be very effective and was able to obtain certain physiological changes and mechanical advantages that could not be obtained out of water. Three years later the Warm Springs Foundation was established and gave added impetus to this form of therapy. In 1932 Dr. Louie Martin read a paper on underwater therapy before the Arkansas Medical Society and introduced this type of therapy in Arkansas.

Pool therapy has been popularized as a treatment for Anterior-Poliomyelitis but its effectiveness in various orthopedic conditions and chronic arthritis has been well established and at the present time is used rather extensively in Europe and to a somewhat less extent in this country. In discussing the application of pool therapy to chronic arthritis, it must be remembered that we are dealing with three fundamental principles of physiotherapy: exercise, heat and massage and the use of the pool permits a more efficient and effective application of these principles. The buoyancy of the water helps overcome the pull of gravity and permits relatively free movement in all planes with a minimum

amount of effort to the patient and operator. The decreased gravity pull lessens muscle spasm and interarticular tension, thus permitting motion of an affected joint, both active and passive through a greater arc without pain. Then too, the decreased force of gravity permits a more accurate exercise dosage to atrophied muscles with a minimum amount of motion in the opposing groups. Therefore, with these fundamental facts in mind, one can readily see that many exercises otherwise impossible to perform, can be carried out with comparative comfort and ease under water. For example, patients with marked flexion deformities of knees and hips can walk in water with comfort; whereas out of the water each step is a painful burdensome task.

The application of heat by means of the therapeutic pool has a decided advantage over any other mode of heat application. Heat stimulates the nerve endings and produces a dilatation of the capillaries, which in turn increases the flow of blood to the part. Heat applied in this manner is continuous during the actual time of movement and greatly stimulates the nutrition of the muscles and increases the elimination of toxic waste products. This, in turn, promotes the absorption of inflammatory exudates and deposits in and around the joints. Then, too, the physiological effect of heat applied in this manner is generalized and affects the entire periphery of the body. There is a generalized interchange from the deeper congested areas to the surface. Heat applied by the ordinary baking method gives a more localized effect. The part gradually cools as the exercise is performed and it is impossible to obtain a continuous and steady capillary dilatation. The cooling occurs after the exercise has started, and there is a consequent retention of toxic waste material and early fatigue.

The effectiveness of massage is greatly increased when performed in warm water because it is carried out during the time of a steady and continuous hyperemia. The massage being performed at a time when the muscle spasm is less pronounced, is consequently less painful.

\* Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 16, 1925.



Underwater therapy has a very decided psychological effect. The relatively free movement without pain, the performance of exercises that are impossible out of water, such as walking, gives the patient a pleasurable sense of activity. His courage is restored. He is anxious to try new stunts. His entire outlook changes. He feels that he is getting better. He develops an optimistic mental attitude which is most beneficial in the treatment of any chronic disease.

The systemic effects obtained by this form of therapy are also of great benefit. By the use of the Hot Springs thermal water at a temperature of 98 degrees, we are able to produce a rise in body temperature of from one to one and one-half degrees. Metabolism is stepped up. There is a markedly increased elimination of waste products and the general body tonus is increased.

The effectiveness of this treatment depends upon a thorough knowledge of the pathological process occurring in chronic arthritis, and careful observation of the patient. Muscle spasm, atrophy, muscle shortening, and tendon contractures can be relieved provided there is no bony ankylosis or extreme thickening of the joint capsule. Each case is a separate problem and requires an exercise program adopted to the individual needs. In cases that require surgery, pool therapy is an excellent preoperative and postoperative procedure. It has a beneficial effect on cases that are systematically active; and markedly decreases the convalescent period in cases that have been arrested.

Although underwater therapy has a wide range of usefulness it must be remembered that it is not a cure-all. It is a procedure directed toward the correction of deformities and restoration of normal body mechanics, and must be considered only as a part of the general care of the chronic arthritic patient.

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#### THE TRUE ECONOMY OF DEXTRI-MALTOSE

It is interesting to note that a fair average of the length of time an infant receives Dextri-Maltose is five months: That these five months are the most critical of the baby's life: That the difference in cost to the mother between Dextri-Maltose and the very cheapest carbohydrate, at most is only \$6 for this entire period—a few cents a day: That, in the end, it costs the mother less to employ regular medical attendance for her baby than to attempt to do her own feeding, which in numerous cases leads to a seriously sick baby eventually requiring the most costly medical attendance.

## SOME PHYSIOLOGICAL ASPECTS OF HYPERTENSION\*

BY C. H. McDONALD, D. Sc.,  
Little Rock.

Through the harmonious working together of a number of mechanical factors the blood of the human being is kept under a pressure equal to the weight of several millimeters of mercury. Normally, if one of these several factors lags in its work or becomes over active, an opposite activity occurs in one or more of the collaborating factors so that change in pressure may be minimized. There is from moment to moment rapid and considerable fluctuation in the blood pressure exhibited by seemingly normal as well as by diseased individuals. These spontaneous variations affect both systolic and diastolic pressures and the frequency of their occurrence without any semblance of rhythmicity may sometimes lead us to speculate upon whether or not there is a definite, purposeful effort upon the part of the human mechanism to maintain a blood pressure at or near a so-called normal level. We have all been impressed with the fact that the average person who is not accustomed to having blood pressure determinations made, or who is apprehensive concerning the behavior of his circulatory system, or who is under mental stress from whatsoever cause, usually exhibits higher pressure levels at his first reading than he does after becoming accustomed to the procedure or has had his mental stress relieved. Whenever possible a series of routine readings are desirable both from the standpoint of diagnosis and of the evaluation of a treatment.

Having established the presence of a hypertension, it is worth while to remember that some people constitutionally show both systolic and diastolic levels higher than the accepted average standard; their pressures show no tendency to advance and do not appear to be incompatible with a long life. Hypertensions have been classified upon almost every conceivable basis. Without presuming to suggest to a group of clinicians the desirability of any particular scheme of classification, may I say that the physiologist finds satisfactory a simple classification in which the behavior of the levels serves as primary divisions and etiologies as secondary divisions. The limited group of subjects who shows

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\*From the Department of Physiology and Pharmacology of the University of Arkansas School of Medicine. Read before the Pulaski County Medical Society, Little Rock, February 10, 1934.

an elevated pressure constitutionally give us our first major division.

I. Constitutionally high systolic and diastolic.

The manner in which a blood pressure may be altered temporarily and the conditions which may produce a more permanent alteration seem to approach nearest to discovery when we consider blood pressure in the light of the mechanical influences underlying its maintenance within normal limits and regard marked variations, either above or below normal, as symptoms only and not as actual diseases.

I believe it was Tigerstedt who first put into concrete expression for us the present view that four major factors enter into the maintenance of blood pressure. They are: The rate and strength of the heart beat; the quality and quantity of blood within the vascular system; the elasticity of the blood vessels; and the resistance which the blood stream meets, especially in the peripheral regions. Many writers have stated that it would be unlikely for any significant deviation from the normal to occur from changes in the cardiac output or the viscosity of the blood except under rare conditions. Sufficient evidence has accumulated, however, that cardiac output may be a very real factor in the production of some abnormal pressures that we shall find occasion to mention cardiac rate at a later point.

That the loss of elasticity in the vascular tree may operate to increase blood pressure aside from its contribution to peripheral resistance to the flow of the blood cannot be successfully controverted. The energy of a fluid is shown by the pressure which it exerts, and the pressure exerted by a liquid enclosed in a hollow, elastic vessel is proportional to the elasticity of the walls of the tube, the degree of distention of those walls, and inversely to the radius of curvature of the walls. If we grant that a normally elastic arterial tree comfortably filled with blood develops a given tension when a ventricle suddenly jams into it a very considerable addition to this blood, we must also grant that if the normal elasticity of this vascular tree is lost, a higher systolic pressure must result. In the absence of narrowing of the lumen or of other factor tending to increase peripheral resistance, diastolic pressure will be altered little if at all, giving us our second grouping.

2. High systolic, comparatively low diastolic pressure.

a. Large pulse volume.

b. Arteriosclerosis.

c. Old persons, particularly after menopause.

Changes in the viscosity of the blood, while theoretically able to alter pressure, actually seem to be fairly negligible.

The classes so far cited care for only a small percentage of the cases of hypertension. We have left only one of the classical factors responsible for the maintenance of blood pressure—peripheral resistance.

III. High systolic, high diastolic pressures.

a. Peripheral vascular obstruction.

b. Peripheral vasoconstriction.

It does not well behoove a physiologist to attempt a discussion of the pathological anatomy which may mechanically obstruct the flow of blood peripherally. The manner in which an acute glomerulonephritis or an acute hemorrhagic nephritis with the great renal network inflamed or clogged with blood or inflammatory exudate may dam up the flow of the blood so effectually that elevated pressures, both systolic and diastolic, occur; or the manner in which a pyelonephritis, a gross scarring of kidney tissue, or other urinary obstruction may accomplish a like result, falls properly within the province of the pathologist.

We not infrequently see the statement that there is an undue number of diagnoses of generalized arteriosclerosis as explanatory of hypertension. Wartman of Philadelphia (1933) has recently given a summary of the pathological literature on this subject in which it appears that sclerosis of the arterioles of various regions shows a clear relationship to hypertension while sclerosis of the aorta and peripheral arteries shows no such relationship. He cites a review (Herxheimer, 1933) in which 38 out of 44 cases of hypertension showed at autopsy involvement of the renal arterioles, and another (Fishbein) which reported all of 72 cases of hypertension as showing the arterioles of the kidneys to be affected. Major (1932) has stated that arteriolar sclerosis and hypertension are twin brothers while arteriosclerosis is not even a member of the same family. The evaluation of these statements I must leave to the pathologist.

By far the most intriguing of the hypertension, the so-called essential hypertension or cardio-vascular-renal disease, falls within our last division. The name, I believe, implies that its



origin is unknown. That heredity plays a part seems one thing upon which observers are generally agreed; just what is inherited is not so much a matter of agreement. As we encounter one after another disease having basic origin in heredity, we find additional amusement in Dr. Oliver Wendell Holmes' observation, "We are but omnibuses in which our ancestors are taking a ride." Queerly enough, the Chinese are said to be free of hypertension, incidentally, it appears that glomerulonephritis is something of a rarity among the Chinese. The offspring of Chinese and either European or American parentage are said to have lost this immunity to hypertension and to glomerulonephritis.

The high tension of living enjoyed by the American people has been invoked as a primary cause of the high incidence of essential hypertension among our people, yet we find the phlegmatic Englishman and the stolid, easy-going Dutchman sufferers from the disease.

We are told that no definite pathology is associated with its early stages, that a high systolic and a high diastolic level capable many times of rapid fluctuations from their high levels almost, but not quite, the normal may be the sole evidence of disease. The emotional state of the patient is likely to show corresponding fluctuations. King (1933) of Johns Hopkins (quoting Palmer) has stated that among University freshmen the 10 per cent who exhibit pressure readings in excess of 140 mm. mercury show an unusually high incidence of hypertension a few years later. Hines (1933) has reported that those who show a response of 40 mm. mercury or more to the hand chilling test later develop organic hypertension and that 75 per cent of this group give familial histories of hypertension.

There seems little controversy that peripheral constriction is intimately concerned with this type of hypertension. Vasoconstriction is primarily a function of a medullary center with subsidiary centers located in the cord. Control is vested in the thoracico-lumbar fraction of the autonomic system, the so-called sympathetic system. Independent of the will, it is reflexly responsive to the emotions. The essential hypertensive is "unstable nervously," whatever that may mean, although he may not exhibit "nervous" behavior. There is a state of sustained mental tension. Lessening of this mental strain, rest and stabilization of domestic or financial affairs may be attended by a pleasing fall in blood pressure.

Recent literature is replete with experimental evidence of a specific response of the vasomotor apparatus to impulses arising in certain specialized areas: for example the carotid sinus and the aortic plexus. Groups of afferent fibers have been demonstrated to arise in these areas, stimulation of which alters the heart rate and brings about significant changes in vasomotor activities. A rise in pressure within the carotid sinus stimulates fibers having their origin within the walls of the sinus and these impulses reflexly bring about slowing of the heart together with vasodilatation. Lowering of the pressure within the sinus produces opposite effects. It has been stated that denervation of the carotid sinus and section of the depressor nerve in the rabbit or dog produce a permanent hypertension which eventually causes an artificially developed arteriosclerosis. In our own laboratory such experiments have resulted in a transient, but not permanent, hypertension. Recently it has been asserted that infinitesimal dosage of roentgen-ray to the carotid sinus may permanently relieve a hypertension. I presume this observation has its origin in the fact that some tissues respond to small dosage of short wave radiation with growth and to larger dosage with deterioration. Sigler (1933) has applied the test of external pressure upon the carotid sinus to 230 patients about equally divided between coronary sclerosis, hypertension, rheumatic heart disease, neuro-circulatory asthenia, and non-cardiac disturbances and asserts that the most pronounced slowing of the heart occurred with the hypertensive group, the least with the neurocirculatory-asthenia group.

Stating that essential hypertension has two underlying factors: a vasomotor element and an organic element of hypertrophy of the mesial coats of the small arterioles, Craig (1933) reports beneficial results in early hypertension from resection of the splanchnic nerves. These nerves maintain a state of tonic contraction to which effectually narrows the capillary bed within the viscera; physiological inhibition of this tone following meals is sufficient to affect the diastolic pressure several mm. mercury while the systolic pressure remains close to normal. Section of these nerves, removing this area from neurogenic control, causes loss of the tone of the small vessels and broadens the capillary bed; theoretically it should lower blood pressure temporarily. He has reported too few cases, I believe, to warrant optimism.

Vasomotor changes may occur from direct stimulation of the small vessels by noxious sub-

stances in solution in the blood within them. Protein metabolism may give rise to various nitrogen containing compounds, some of which when introduced into the circulation may exert vasomotor effects. In general the monoamines such as iscamylamine, parahydroxy-phenylamine, or phenylamine exert pressor effects or raise blood pressure; while diamines such as histamine give striking depressor effects or lower blood pressure; urea, uric acid, creatine, and creatinine appear unable to cause vasomotor changes. Major has demonstrated that before the kidneys indicate a lowered urinary clearance with the common excretion tests, a failing ability to excrete the guanidine bases occurs; he attributes this retention to a beginning arteriolar sclerosis. There is the possibility that the accumulation of these various amine substances may increase peripheral resistance both by vasoconstriction and by direct attack upon the renal structures.

An interesting observation, if confirmed, comes from Wollheim and Lange of Berlin (1932) that the urine of normals exhibits a depressor substance which is absent from the urine of hypertensives. As a consequence, pressor and depressor hormones have been postulated. To my mind, the demonstration of a pressor or depressor substance in the urine or in the blood is a far cry from a demonstration that such substances are the purposely-formed, regulative entities for which the name hormone should be reserved.

Disturbances of the endocrine glands have been blamed for the origin of essential hypertension. Elevations of blood pressure certainly accompany certain adrenal disturbances, some non-toxic goitres, and the glandular upsets of the menopause, but there appears little evidence that these glands are involved in the mechanism of permanent hypertension.

Allergic states are frequently known to accompany hypertension. Cohen, Fineberg, and Rudolph (1933), pointing out that the incidence of hypertension increases while that of the symptoms of allergy without affecting the coincident hypertension of a considerable group of patients.

May I in summary attempt to put into words the conception which seems to underlie the current literature on essential hypertension, emphasizing that if my conception of these views contains a wrong conclusion I, and not the in-

vestigators or observers I have cited above, should be censured. The origin of the condition commonly lies in an hereditary autonomic instability capable of producing through the vasomotor mechanism a constriction of the small blood vessels, purely functional in nature. This unwonted stress upon the small vessels of the kidneys leads to a sclerosis and the retention of noxious products of metabolism. That intimate relationship between renal arteriolar sclerosis and hypertension should exist is not to be wondered at when we consider the direct connection between the arterial tree and the renal vessels, and the extreme vascularity of the kidneys which permits from 750 to 1,200 liters of blood, charged with all its benign and noxious contents, to flow daily through filtrating structures so delicate that they consist of but two layers of epithelium. Thickening of the mesial walls and narrowing of the lumen of the arterioles of the kidneys, pancreas, spleen, heart, etc., further increases the peripheral resistance making a compensatory rise in blood pressure a physiological necessity. The heart compensates to meet the ever-mounting blood pressure. Eventually cerebral accident, cardiac, or renal defeat closes the chapter.

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#### COMING MEDICAL MEETINGS.

- Mid-South Post Graduate Medical Society Assembly, Memphis, February 11-14.
- Dallas Southern Clinical Society, Dallas, March 16-19, 1936.
- Arkansas Medical Society, Hot Springs National Park, April 27, 28, 29, 1936.
- American Medical Association, Kansas City, May 11-15, 1936.



# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules  
of the Council on Pharmacy and Chemistry of the American  
Medical Association.

All communications to this Journal must be made to it exclu-  
sively. Communications and items of general interest to the pro-  
fession are invited from all over the State. Notice of deaths,  
removals from the State, changes of location, etc., are requested.

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Fowler, Harrison; J. A. Foltz, Fort Smith.

## EDITORIAL

### THE SECRETARIES' CONFERENCE

The attendance of 25 county society secre-  
taries and some 35 or 40 other members of the  
Society at the First Annual Conference of Coun-  
ty Medical Society Secretaries of Arkansas on  
January 6th indicates that the meeting was well  
worth-while. Less tangible, but of far greater  
value to organized medicine in Arkansas was the  
enthusiastic delivery and reception of the sub-  
jects. Each talk was on a matter of vital im-  
portance to organized medicine and the earnest-  
ness of the speakers was most evident in the  
care with which they had prepared their ad-  
dresses. Outstanding was the address of Dr.  
Olin West, Secretary, American Medical Asso-  
ciation, an inspiration at this time when or-  
ganized medicine appears to have lapsed into  
a mental state best characterized by the  
query "Why Try?" To those in attendance and  
to their spheres of contact in the various county  
societies, a new conception of the ideals of medi-  
cine has been furnished. Particularly encourag-  
ing was the presence of several councilors, state  
officers and state committeemen. It was gen-  
erally agreed that the conference was most suc-  
cessful and the vote was unanimous for its con-  
tinuance as an annual affair of the Society.

### PUBLICITY

The late E. Starr Judd said: "One reason the  
charlatans and irregular practitioners are able to  
continue in their practice is that there still is so  
much uncertainty and mystery about disease.  
We cannot hope to be rid of this sort of thing  
until all of the msytery is cleared up. We can  
help society a great deal, however, by utilizing  
every effort at our command to educate people  
along medical lines. The idea of medical edu-  
cation for the public is not a new one, but the  
importance of it is more fully realized now than  
it was in former years."

The Journal feels that there is no time better  
than the present for the inauguration of a con-  
sistent, aggressive publicity campaign by the  
component county medical societies in Arkan-  
sas, a campaign designed to reach all citizens of  
the state and employing to that end the facilities  
of speakers before open meetings, the press and  
the radio. The benefits of such publicity can-  
not be estimated in terms of good will for the  
medical profession.

At its last meeting the Council made provision for a Speaker's Bureau which will endeavor to supply medical speakers at lay meetings over the state. The plans are, of course, as yet only in preparation under the guidance of D. A. Rhinehart, Chairman, Public Relations Committee, but it is thought that this activity will be functioning before the annual session. Societies which have need of this Bureau are advised to communicate with Dr. Rhinehart at once.

The use of the radio for messages on medical subjects has been sporadically employed in the state, most regularly by the Garland County Medical Society. This field is one of great opportunity and county medical societies which have accessible broadcasting stations should make arrangements for regular broadcasting periods. Station managers are usually glad to avail themselves of this offer of such a feature by the medical profession.

Newspaper publicity has been little employed in the state. It offers perhaps the best method for carrying out public education in the basic principles of medicine. The Journal is in receipt of a recent issue of the White County Citizen which carries a column, "How Is Your Health," prepared by members of the White County Medical Society. This is a most commendable effort and should prove most interesting to the subscribers of this newspaper. We are informed that the Ouachita County Medical Society contemplates a similar press release in the near future. We would urge all county societies to make arrangements with their newspapers for like educational activities.

There is much adverse propaganda affecting the medical profession today. We can most successfully combat its influence by letting our light shine in farthest corners. We know what medicine has done in the past, we know its miracles, but does the public know these things? In all probability only a very small percentage knows that which is so common to all medical men that they do not consider it worth talking about in either lay or medical circles. Publicity will work marvelous changes and, properly handled, cannot prove detrimental to the physician.

Let us tell the public of active, honest, progressive medicine in a positive manner. The response of this same public will be most gratifying.

## EDITORIAL COMMENT

A recent publication of the United States Public Health Service<sup>1</sup> states that definite evidence has been accumulated to prove that the elimination of slum districts in cities and the provision of adequate sanitary housing would immeasurably effect the future health of our population. This statement is, of course, predicated upon the higher mortality and morbidity rates so prevalent in our congested living districts. The thought-provoking statement is made in this bulletin: "In light of the recent studies made by the United States Public Health Service into the relation of environment to disease, it would be helpful if some of the wealthy foundations would turn their attentions to the study of these essential problems, rather than devote their energies in the direction of socializing the practice of medicine—a practice which has proved detrimental to the public and the physician wherever attempted."

<sup>1</sup>The Relation Between Housing and Health, 1935.

Anticipating that a large number of the Fellows from Arkansas will attend the American Medical Association meeting at Kansas City, May 11-15th, The Journal is calling attention to the desirability of making hotel reservations at this time. Requests for reservations should be sent at once to Dr. Ira H. Lockwood, care Chamber of Commerce, 1028 Baltimore Avenue, Kansas City, Missouri. If those who expect to attend this session will send in their applications at the earliest possible time, there should be no difficulty encountered in securing satisfactory accommodations. Applicants for reservations are especially requested to include a second and third choice in order that good accommodations may be assured if the desired reservation cannot be had at the hotel of preference.

The Arkansas Medical Society is YOUR Society. It can be and will be what you make it.

Have you suggestions as to new activities and projects which can be undertaken by the Association?

If so, write the state Secretary, so that your recommendations can be referred to The Council for consideration.



## PROCEEDINGS OF SOCIETIES

Faulkner County Medical Society has elected the following officers: President, I. N. McCollum; Vice-president, L. S. Dunaway, and Secretary-treasurer, J. S. Westerfield.

The Tri-County Medical Society was addressed at its banquet session in Prescott, December 19th, by M. E. McCaskill, Little Rock, and J. P. Clemens, Mount Holly.

Searcy County Medical Society has elected the following officers: J. C. Pate, President; J. A. Henley, Vice-president; S. G. Daniel, Secretary-treasurer, and E. G. Fendley, Delegate.

The First Annual Conference of County Medical Society Secretaries of Arkansas met at Little Rock January 6th perfecting an organization of which W. R. Brooksher was elected President and R. B. Robins, Secretary. The meeting was addressed by the following: M. E. McCaskill, Little Rock, "Ethics"; Val Parmley, Little Rock, "The Next Session"; D. A. Rhinehart, Little Rock, "The Value of a Public Relations Committee in the County Medical Society"; Olin West, Secretary, American Medical Association, Chicago, "Medical Service—A Professional Service"; R. B. Robins, Camden, "Arranging the County Society Program"; A. B. Dickey, Prescott, "How the Arkansas Medical Society May Help the County Societies"; F. D. Smith, Blytheville, "This Matter of Collecting Dues"; G. A. Hebert, Hot Springs National Park, "The Social Gathering of the County Medical Society," and A. M. Gibbs, Hamburg, "The Value of Combining County Medical Societies for Scientific Programs." The conference will next meet in January, 1937.

Mississippi County Medical Society met at Blytheville January 7th for the following program: "The Choice of Obstetrical Instruments and the Method of Application," L. L. Hubener, Dyess, and "Middle Ear Infection," Floyd Webb, Blytheville.

F. D. Smith, Secretary.

Madison County Medical Society has elected the following officers: President, Geo. D. Counts, Wesley, and Secretary-treasurer, Fred Youngblood, Huntsville.

Miller County Medical Society met December 13th for an address by C. R. Roundtree, Oklahoma City, "Fractures In and Near the Elbow Joint." The following officers were elected: President, B. C. Middleton; Vice-president, Hugh Longino; Secretary-treasurer, R. R. Robins; Censor, T. F. Kittrell; Delegate, H. E. Murry and Alternate, A. H. Mann.

R. R. Robins, Secretary.

Monroe County Medical Society has elected the following officers: W. L. Boswell, Clarendon, President; P. E. Terry, Holly Grove, Vice-president; M. L. Dalton, Brinkley, Secretary, and P. E. Terry, Delegate.

Lincoln County Medical Society has elected the following officers: President, R. L. Johnson, Grady; Vice-president, A. F. Williams, Cornerville, and Secretary-treasurer, Vernon Tarver, Star City.

Guy Hodges, Rogers, addressed the Benton County Medical Society January 9th on "Broncho-Pneumonia in Childhood."

The Fifth Councilor District Medical Society met at El Dorado January 7th in dinner session. The following scientific program was presented: "Back Injuries," D. E. White, El Dorado; "Otitis Media in Children," Eugene Rosamond, Memphis, and "Prostatic Disease From Middle Age On," Geo. Livermore, Memphis. The Society adopted a resolution endorsing the efforts of the state legislative committee to secure an adequate workmen's compensation law. Officers elected are: President, S. A. Thompson, Camden; Vice-president, W. P. Cooksey, Magnolia, and Secretary-treasurer, Berry Moore, El Dorado. The next meeting will be held in June at Magnolia.

The Sebastian County Medical Society met in annual banquet session January 14th with J. H. Buckley as toastmaster. The following program was presented: "I Did," F. H. Krock, retiring president; "I Will," M. E. Foster, incoming president; "The Future of Medicine," W. R. Brooksher; "Poetry," J. A. Foltz, and "Christmas Gifts," W. G. Eberle.

## PERSONALS AND NEWS ITEMS

J. G. Gladden, Harrison, has been reappointed a member of the state board of health.

The December Tri-State Journal contains the following: "The Management of Postpartum Hemorrhage," D. K. Kitchen, El Dorado, and "The Symptoms and Treatment of the Menopause," Geo. B. Fletcher, Hot Springs National Park.

C. T. Chamberlain, Fort Smith, recently addressed the Van Buren Lions Club on "Tuberculosis."

C. D. Tibbels has been elected chaplain of the Black Rock Masonic lodge.

E. J. Byrd has moved from Bearden to For-dyce, where he will be associated in practice with his son, Edwin H. Byrd.

F. L. Irby, El Dorado, was wounded in an encounter with hijackers in December but has recovered.

W. J. Hunt, formerly of Poteau, Oklahoma, has located in Warren.

"What's Good For Arthritis?" by M. F. Lautman, Hot Springs National Park, appeared in January Good Housekeeping.

O. R. Kelly, Sheridan, suffered injuries in an automobile accident on December 28th.

D. W. Sloan, Beebe, addressed the Pre-Med Club of the Arkansas State Teacher's College at Conway December 19th.

H. E. Murry, Texarkana, was elected Secretary of the Section on Gastroenterology, Southern Medical Association, at the St. Louis meeting. Dr. Murry has also recently been elected a Director of the Texarkana Kiwanis Club.

R. H. Willett, Jonesboro, has returned to practice after an illness of several months.

M. F. Lautman, Hot Springs National Park, is vacationing at Palm Beach, Florida.

E. E. Barlow, Dermott, received the 33° of Scottish Rite Masonry on January 6th.

Fred Krock addressed the Noon Civics Club of Fort Smith January 10th on "Euthanasia."

R. R. Kirkpatrick, Texarkana, won the skeet cup at the Southern Medical Association meeting in Saint Louis.

Elected officers of Sections of the Southern Medical Association at its 1935 meeting were: H. S. Thatcher, Little Rock, Secretary, Section of Medical Education; Alan G. Cazort, Little Rock, Vice-chairman, Allergy Clinic and Round Table, and H. E. Murry, Texarkana, Secretary, Section on Gastro-enterology.

J. A. Foltz addressed the Woman's Board of Sparks Memorial Hospital, Fort Smith, on "Hypertension" January 7th.

C. E. Benefield has been elected Trustee of the Fort Smith Knights of Pythias lodge.

E. S. Roberts, formerly of New York, has formed a partnership with Frank A. Gray at Batesville. Dr. Roberts will be Chief Surgeon of Dr. Grays Infirmary.

W. H. Wilson, Oxford, has recovered from injuries sustained in a fall on icy steps.

Val Parmley, R. A. Milliken and F. W. Caruthers attended the American Academy of Orthopedic Surgeons' meeting in Saint Louis, January 13th to 17th.

MARRIED—W. W. Brown, Williford, and Miss Margaret McLeod, Sault Ste. Marie, Michigan. Congratulations!

O. J. T. Johnston was inaugurated President of the Batesville Kiwanis Club January 3rd.

W. A. Fowler, Fayetteville, is spending a vacation in southern California.

J. M. Wallace has moved from Fayetteville to Harrison.

E. M. Gray has moved from Evening Shade to Mountain Home.

H. H. McAdams has been appointed a member of the Jonesboro school board.



W. G. Klugh, Hot Springs National Park, addressed the Hot Spring county P. T. A. at Magnet Cove January 18th.

H. E. Mobley has been elected President and Director of the Morrilton Federal Savings and Loan Association.

Dr. and Mrs. J. E. Blakemore, Van Buren, celebrated their fifty-second wedding anniversary January 10th.

W. H. Estes has moved from Cushman to Sage.

### RANDOM THOUGHTS OF THE SECRETARY

December 24th. The joys of the Christmas season enter, a spirit which seems to have captured the populace. Our participation is so fervent that we eagerly (?) accompany the better half to the 5 and 10 for those last-minute essentials to the occasion, among which are Xmas tree light bulbs which seem to have been produced with the view of a short life but a merry one. The Parke-Harper organization remembers us with a pair of antiques which promise much merriment and warmth to our Yuletide, the permanency of which, however, requires considerable cooperation on our part. We are reminded of the efforts of this worthy organization in the publication of *The Journal* in the months that are past in 1935. They have manifested a desire to assist us in every detail which might bring forth a better *Journal*, a greatly appreciated relationship. To Frank and Armitage, Miss Allen and C. K. Pinckney, our wishes for a New Year of great success and happiness.

December 25th. No neckties, no socks! Our gathering about the tree in the early hours is mostly for the joy of seeing Bill Riley begin the taking-apart of what Santa has been pleased to place in front of him. After all, Christmas was made for kids and we well realize that all our joys of this day are those which have come to us in making it a great day for our own and several other youngsters. Cards of good wishes have arrived in profusion, the reading of which brings additional joy in the consciousness that they, too, are happy this day. Among our gifts, a volume from Ira and Sophie Jones with cartoons of the gay 90s, the perusal of which brings to us our sole note of solemnity this day, realizing with an abruptness that these cartoons mirror many a deed and occasion that we remember all too clearly. In the evening dancing, observing the almost complete absence of our colleagues until we find J. L. Post, the prodigal from Altus, in rare good spirits and supporting the best traditions of the day at his table.

December 26th. And so back to routine. An experiment, inaugurated on the occasion of Thanksgiving in foregoing the delights of the palate for a sumptuous repast on such holidays, continued, finding us once again unmindful of our gastro-intestinal tract.

January 1st. The same old world but promising itself to do a better job in 1936. And well it may!

January 3rd. Sam Daniel gladdens us with the first 100 per cent report from a county society. May his example inspire many another!

January 6th. The Secretaries confer in Little Rock listening to many a talk with a punch. Olin West gives us in his sincere manner many a reason to be glad that we are of and for organized medicine, yet warns us that we have an arduous task ahead. Prayerfully do we wish that the entire membership might have heard this address but we know that its influence will be spread by the secretaries. A decidedly worth-while meeting, the continuance of which was earnestly voted by those in attendance. In the evening to Pulaski County Medical Society where Leverette demonstrates that the young men who are following will be well able to hold their own in the science and art of medicine. A splendid discourse is his, bringing informative discussion. Randolph Smith would excite our credulity by reporting the spontaneous delivery by gunshot wound of the abdomen of a tapeworm, the head of which was not located, withal it seems, a rather harsh anthelmintic. D. A. Rhinehart reports most ably of the address by Olin West so that its benefits are even now beginning to appear among us. Thence to the train in the company of the President and Val Parmley. Riding homeward on the Pullman with Sid Wolfermann, a guarantee of entertainment, and thus a day pleasantly and profitably spent.

January 10th. This day arrive many 1936 assessments from various counties and we are inspired to act in our capacity as county society treasurer, calling upon several of our members as a collector, but with indifferent results. For their benefit, we shall return! Krock discourses most learnedly on "Euthanasia" which has received much press publicity as a current sensation and we feel that his conclusions are those of any thoughtful man of medicine. We finish our day with labor on the February Journal and sporadic professional duties.

January 11th. A therapy tube goes blotto, to which the patient naively inquires: "Why, don't you have a spare?"

January 12th. On this day C. S. Means makes Walter Winchell's chatter by delivery of Rose and Marie, now valued at \$2000.00.

January 14th. This evening with the Sebastian County Medical Society in annual banquet session, Homer Buckley being in rare form as toastmaster and friends of the society from far and near gathered about the table. Among these, the quartet from the Arkansas Valley, Hunt, Douglas Post and Porter, who almost belong to us; Seigel, with a football hair-cut; Shuffield, Sanderlin and Kolb, ably representing Pulaski County and many another. Krock and Foster play their parts as ex-president and new president, Foltz recites with some feeling of the handiwork of a specialist of another day and Eberle tells of the mutual admiration which exists among eye doctors. Our mercenary soul is gladdened by many dues collected and by that miracle of medical society functions—a profit on a banquet, for which thanks to Foltz, Amis and Ogden.

January 15th. This day making the final touches to this issue, pleased to note that A. S. Aloe have decided to return as an advertising patron and for the Arlington Hotel's welcome to the society this far in advance of the annual session.

## WOMAN'S AUXILIARY PAGE

MRS. D. W. GOLDSTEIN  
Publicity Secretary, Fort Smith

The Pulaski County Medical Auxiliary met on December 11th, at the home of Mrs. D. A. Rhinehart, 4 Armistead Road. Mrs. B. A. Rhinehart, President, presided over a short business session. The Treasurer, Mrs. B. A. Bennett gave her report, showing a balance of \$37.97.

An invitation was received from Miss Erle Chambers, of the Tuberculosis Association, asking that a representative be sent from the Auxiliary to the dinner to be held at the Marion Hotel on the night of December 11th. Mrs. R. C. Kory was appointed by the president to attend the dinner. Mrs. Jimmie Reaves was welcomed as a new member. A delicious plate luncheon was served by the hostesses, Mrs. Rhinehart, Mrs. R. J. Calcote, Mrs. M. E. McCaskill and Mrs. A. C. Shipp.

The Auxiliary to the 9th Councilor District Medical Society met at Harrison on December 3, 1935. The meeting was held in the spacious home of Mrs. J. G. Gladden, with Mrs. Eulas Jackson and Mrs. D. L. Owens as assistant hostesses. There were nine members and six guests, including Mrs. S. J. Wolfermann, of Fort Smith, and the State President, Mrs. Marcus T. Smith, of Conway, who was guest of honor. The President, Mrs. A. L. Carter, presided at the meeting and introduced the State President, who made a very interesting and instructive talk. After reports were made the election of officers for the ensuing year was held. Mrs. W. H. Poynor, of Harrison, was elected President. Mrs. D. K. Curry, of Green Forest, was re-elected Secretary-treasurer.

The Sixth Councilor District Medical Auxiliary met in De Queen December 10th, to organize in divisions, recently made by the State Auxiliary, corresponding to the districts of the physicians' societies, with Mrs. P. H. Phillips of Ashdown, District Councilor, presiding at the session.

Following the invocation and welcome address, Mrs. William Hibbitts, Texarkana, was elected vice chairman and Mrs. R. C. Dickinson of Horatio, secretary. A round-table discussion was held on organization, periodic examinations, program material and self education. Mrs. Phillips gave a report on the Southern Medical Auxiliary meeting recently held in Saint Louis, which was attended by twenty Arkansas members. The address of the morning was delivered by the guest speaker, Mrs. J. T. McLain, Gurdon, president-elect.

A one o'clock luncheon was held at the Hotel Barlow, with Mrs. C. E. Kitchens, president of the hostess Auxiliary, presiding. Special guests at the luncheon were district, county and local P. T. A. presidents. Miss Pearl Williamson, superintendent of city schools and recording secretary of the Arkansas Educational Association, gave an interesting story of Christmas customs of other countries. Introduction of all guests was made and Mrs. Marcus T. Smith of Conway, state president, honor guest and speaker, delivered the address. Dr. George B. Fletcher, president-elect of the State Medical Society, was presented at the luncheon and Dr. I. G. Jones, president of the Sevier County Medical Society, brought greetings from the physicians.

Six of the seven counties in the district were represented at the meeting. Plans for an organization in Howard county were reported by Mrs. J. S. Hopkins of Nashville. Dr. Curt von Wedel of Oklahoma City spoke on "Plastic Surgery" at the joint open meeting held at the Gem Theatre that evening.

The Auxiliary to the Sevier County Medical Society held its regular monthly meeting at the home of Mrs. C. M. Gore November 21st. Mrs. J. C. Graves conducted the program on "Allergy." Papers on "Asthma" and "Hay Fever" were read and discussed. Members answered roll call with current medical topics. During the business session it was reported that Hygeia had been placed in seven schools in the county. Those present were Mesdames I. G. Jones, J. C. Graves, R. C. Dickinson, W. C. Rasco, Jr., C. E. Kitchens, R. L. Hopkins, E. L. Manning, and Mrs. C. M. Gore.

The Woman's Auxiliary to the Bowie and Miller Counties Medical Societies entertained members of the society with a dinner at Hotel McCartney. The tables were attractively decorated with bowls of yellow and white chrysanthemums and yellow candles, the chosen color note being further carried out in the menu. Mrs. Allen Collom, president of the organization, presided. Group singing was enjoyed, led by Mrs. J. T. Robison. In the games following dinner, prizes were awarded to Dr. Reavis Pickett, Dr. E. L. Beck, Dr. William Hibbitts, Dr. C. A. Smith, Mrs. Harry Murry, and Mrs. William Hibbitts.



## BOOK REVIEWS

**The 1935 Yearbook of the Eye, Ear, Nose and Throat.** Edited by E. V. L. Brown, Louis Bothman, Geo. E. Shambaugh, Elmer W. Hagens and Geo. E. Shambaugh, Jr. Illustrated. Pp. 638. Price \$2.50. Chicago: The Yearbook Publishers, 1935.

To one who reads all the current periodicals in the specialty, the Year Book is an excellent review of the year's literature. The translated review of foreign literature is of great advantage to those who are unable to obtain or translate the different languages.

The increasing amount of research work being done in the larger universities and medical centers is noticeable. The Review with the Editor's critical comments is helpful in determining the over-enthusiastic and imaginative articles.

The relative importance and amount of space given to the fundamental sciences, such as pathology, bacteriology and physiology as compared to the more spectacular surgical procedures, is more in evidence each year.

The tendency is toward more conservative surgery in sinus disease, and there are few indications for the radical maxillary sinus operation, as the intranasal window is adequate in most cases.

Taylor's observation that the prenatal administration of quinine produces deafness in the child, especially if the mother has an idiosyncrasy, is especially significant. Thirteen cases of cataract following taking dinitrophenol, all occurring in the United States, are reported. Castroviejo reports a new technique for keratoplasty. The majority of oculists favor electrocoagulation for retinal detachment. The results in both operations are discouraging, but worth while. Aniseikonia, asymmetry of the retinal images, produces eye symptoms after correction of refractive errors and muscle imbalance. Too few clinical observations have been made for evaluation of this condition.

The literature on orthoptic training is very meagre, which is natural after the voluminous articles written in the past few years. The larger clinics who have done much work in orthoptics are losing their enthusiasm because of indifferent results.

**Diseases of Women.** By H. S. Crossen, M. D., F. A. C. S. Professor Emeritus of Clinical Gynecology, Washington University School of Medicine; and Robert J. Crossen, M. D., Instructor in Clinical Gynecology and Obstetrics, Washington School of Medicine, St. Louis, Mo. Eighth edition, entirely revised and reset. One thousand fifty-four engravings, including one color plate. Pp. 972. Price \$10. C. V. Mosby Co., St. Louis.

The rapid strides in research in the field of Gynecology during the past few years have made text-books almost obsolete before their printing. This development has been mainly in the physiological and pathological laboratories. We now have a wealth of knowledge along gynecological lines never dreamed of a few years ago. Such knowledge necessitated a revision of the texts, successfully accomplished in this volume. It is written for the newer lights of physiology and pathology as well as in therapeutic lines. Being written for the student it is easy reading and readily assimilated by the physician who wants the latest work in this field without referring into the deeper theoretical works.

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*Proc. Soc. Exp. Biol. and Med.*, 1934, 32, 241-245  
*Laryngoscope* 1935 XLV, 149-154  
*N. Y. State Jour. Med.* 1935, 35—No. 11,590★



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# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXII

LITTLE ROCK, ARKANSAS, MARCH, 1936

No. 10

## ETHICS\*

M. E. McCASKILL, M. D.,  
Little Rock.

The dictionary defines ethics as: "The basic principle of all right action; the science of human duty." So far as we can discover, the American Medical Association, organized in 1847, was the first large body to adopt a formal, written code of ethics, traditional usage having formerly prevailed. The code of the American Association was that of Percival with a few alterations. Thomas Percival was an Englishman, the nephew of a physician who dying, left his library and a bequest of money to Thomas. Thus stimulated to the study of medicine, he first took an academic course and then entered the University of Leyden, from which he received his degree at the age of twenty-five.

An essay on medicine won him recognition and reward in his appointment as physician to the Manchester Infirmary. His code of medical ethics formulated in 1817 was largely to assure smooth professional service at the Infirmary, and also as a guide to his son who was just beginning the study of medicine. It was written in the peculiar style and spelling of that day, but it contains so much of good for the profession everywhere that it has been the model for all codes that have appeared since it was published, three years after Percival's death.

The American Medical Association refused to abandon the phraseology of Percival's 'Code until 1912, and it is these rules that the body of medical men regard as strict professional propriety in their relation to the public and to each other.

The Oath of Hippocrates was the system of ethics for the profession prior to the year 1617. This famous oath, with which you are all familiar, represents a sort of an agreement between physician and student, and it is supposed that ethical responsibility was imposed upon the student at the very beginning of his apprenticeship to an

established doctor. Hippocrates said a physician should be "an upright man instructed in the art of healing. He should also be modest, patient, prompt to do his whole duty without anxiety, conducting himself with propriety in his profession and in all the acts of his life." Simply stated, it means that a doctor should be a gentleman.

The medical profession is not now the only one to have a code of ethics. The lawyers have one, as do dentists and pharmacists; while outside of professional lines, we find that printers, architects, confectioners and other trades have adopted written codes. Any number of classification clubs, such as Rotarians, Kiwanians, Lions and Optimists have their code of ethics.

However, there is a difference between the ethics of business and the ethics of the profession. There is no specific code of ethics that business has attained resting on considerations broader than self-interest; it is otherwise with the profession. The peculiar significance of the medical code is that it prescribes the duties of a group to those outside the group. The practice of medicine is a profession whose prime object is the service it can render humanity and the principles are primarily for the good of the public.

In its opportunity for doing good, relieving suffering and aiding in the uplift of the race, the medical profession ranks first. Doing our duty as a profession calls for that which is noblest and best in all of us. "Service above self" has ever been the motto of the profession, ages and ages before there was even in existence such an organization as the Rotary Club which claims this slogan. An individual who chooses the practice of medicine as his profession, takes upon himself an obligation to carry on according to the ethics of his chosen profession.

Patience, delicacy, honesty and secrecy are four necessary requisites of a physician in dealing with his patients. Whatever a doctor may learn in confidence from his patients he should hold as a trust and as something not to be revealed unless required to do so by statute.

\* Read before the First Annual Conference of County Medical Society Secretaries of Arkansas, Little Rock, January 6, 1936.



The welfare of the patients should be our first consideration and we should give them the best we have. We should treat them as we ourselves would wish to be treated were our positions reversed. They should be given a careful complete physical examination, and reports in each case recorded and filed. In justice to ourselves and to our patients we should keep a full and accurate record of every case, no matter how unimportant it may seem at the time of examination.

And just as important as our conduct to our patients is our conduct toward our colleagues. Adverse criticism is unkind at any time, and when directed toward a colleague it is not only unkind, but also wholly opposed to the highest ideals of the profession. In a case, for instance, where one physician follows another in the treatment of a patient, unfavorable comment should never be made by the successor. Naturally, when a physician is dismissed it is because of dissatisfaction, and be the cause real or imaginary, one is sure to hear prejudiced statements and remarks concerning the doctor dismissed.

Do not criticise the diagnosis or the treatment of your colleagues. There may be an occasional case of mistaken diagnosis, and you or I may make one. No man, physician or layman, is wholly infallible, so it behooves us to be as charitable toward this brother as we would wish him to be toward us if the case were reversed. The public is very quick to catch the least sneer or insinuation directed by one doctor toward the ability or integrity of another.

The secret division of fees is contrary to the "Principles of Medical Ethics" which declares: "It is detrimental to the public good and degrading to the profession, and therefore unprofessional to give or receive a commission or divide a fee for medical advice or surgical treatment unless the patient or his next friend is fully informed of the transaction." This should be a law unto the profession but unfortunately it is disregarded by some doctors, thereby putting the entire profession into disrepute. It is absolutely right that a proper fee should be paid to the attending physician for service rendered in determining the medical or surgical treatment, and the patient should realize this. But when a physician takes a patient to a surgeon or internist, holds a consultation, spends his time and gives valuable information, he should present his bill to the patient and not to the surgeon or internist. These bills should be presented separately and by this pro-

cedure the patient will be impressed with the services of each, and he will realize and appreciate the fact that he has had a square deal, and will have greater confidence in the medical profession and more faith in his family physician.

So many of the older practitioners seem to forget the precepts of their school days, and in their attitude and treatment of each other they resort to extremely unethical conduct which not only presents a rather unpleasing picture to the layman, but is a pernicious example to the young graduate locating in their midst.

The young doctor is frequently looked upon with distrust mixed with some envy and jealousy, and he is treated as an interloper. He is not invited to join the medical society, and occasionally is rejected if he applies for membership. He just is not thought to know very much about medicine for all of the education he has had. But he should by all that is just and right be cordially received into the professional circle and perhaps he may teach us something of the theory of modern medicine, possessing as he does, an education and training that many an older man did not acquire in his student days. And while he is teaching us the theory of medicine we may be able to teach him something of its practical application as learned by us in the experiences of years of service.

The young men should have our encouragement and consideration in building their careers. They are but standing where we stood when we began the practice of medicine, and most of us remember with pleasure and gratitude all friendly gestures made at that time by an older member of the profession. If we are to maintain the high standards of the profession we must have these young graduates for they are the ones who will carry on when we have passed to our final reward. We have but blazed the trail, and they will attain greater heights than any of which we have ever dreamed.

This subject of ethics is broad and deep and much more could be said did not time prevent further remarks. In conclusion, I repeat what the greatest teacher and physician of all times said: "Therefore, all things whatsoever ye would that men should do to you, do you even so to them." Simply the Golden Rule that can be applied to all walks of life, social, business and professional. If we follow this precept, we shall then stand right, do right and be right.

## THE VALUE OF COMBINING COUNTY MEDICAL SOCIETIES FOR SCIENTIFIC PROGRAMS\*

A. M. GIBBS, M. D.,  
Hamburg.

The title of this paper should have been "The History and Organization of the Southeast Arkansas Medical Society." Its organization was begun in 1931 when the Ashley County Medical Society met with only four doctors present, and decided to have one meeting during the year with a fish fry and a scientific program, inviting all the doctors in Southeast Arkansas and North Louisiana. Personal invitations were sent to every physician in this territory. D. A. Rhinehart, president of the Arkansas Medical Society, J. D. Riley and M. C. Hawkins, Jr., presented the program at this meeting which 58 physicians attended.

Again in 1932 the Ashley County Medical Society repeated the annual fish fry and scientific program. An expression of appreciation for the type of program and size of meeting was expressed by all physicians and at that time "grapevine" telephone began with an idea of organizing an official group.

Again in 1933 a scientific program was held as the guests of C. E. Spivey of Crossett. Seventy-five physicians were present at this meeting. It was privately discussed that we could organize a post-graduate clinical society at this meeting. By doing this we would have a larger attendance, there would be not less than 30 nor more than 60 physicians present, an ideal group for scientific discussions. S. W. Douglass of Eudora and J. H. Burge of Lake Village made a tour of the district, personally contacting all physicians. This first meeting was held in November, 1933, at McGehee, with H. T. Smith, Councillor for the District, presiding.

There are in Southeast Arkansas 66 physicians; seven in the age group of 30 to 40 years, six in the age group of 40 to 50 years, 23 in the age group of 50 to 60 years, and 30 over 60 years of age, with some of this group retired from active practice and not interested in the development of scientific programs. With this number of physicians in the district and the number that had been attending the previous meetings of the Ashley County Medical Society, each one realiz-

ing that it is impossible for an individual county to have a scientific program and invite guest speakers, it was obvious a large attendance at the monthly meetings could be had by combining these counties.

The Southeast Arkansas Medical Society has no definite meeting place; it rotates from one county to another, and the physicians in the various counties or the officers of the local county medical society determine the place of meeting and type of program. The program usually consists of what would be of most interest at that time of year. As our last meeting was held in December, the general discussion was on "Common Cold," as common colds are more prevalent at that time of year. In the summertime when colitis and infant diarrhea are most prevalent, our programs consist of this type of paper, with our speakers authorities on these respective subjects. We use indirectly the teaching facilities of the University of Arkansas School of Medicine, realizing that these physicians are teachers and can bring information to us, as to the class room. The average attendance since organization has been 40 physicians, more than 50 per cent of the physicians of the district attending regularly. Since the organization of this society there has been a closer fellowship among the physicians. As one expressed it, "By rubbing shoulders with our fellow physicians at the monthly meetings you know him better and learn to appreciate him more."

In combining several societies in a district, subjects that affect the entire district are discussed at the meetings. When the physicians agree on a particular program or subject as pertaining to their practice, such as the government participating in the practice of medicine, there is definite evidence of peace and harmony, all abiding by the decision voted on at the society.

Personally, I think the large medical meetings, such as the American Medical Association and the American Public Health Association, and others are entirely too large and scattered over various meeting places. All these papers are published and can be read and studied. Due to this fact some individuals lose interest. Where there are 30 or 40 physicians present at a short program there is more personal interest shown, far more information obtained and personal reference can be introduced. A large number of physicians are unable to take a post-graduate course at recognized schools of medicine, but in the combined medical society the post-graduate

\* Read before the First Annual Conference of County Medical Society Secretaries of Arkansas, Little Rock, January 6, 1936.



course is given in small "broken doses," and at regular intervals. Too, the district can give the physicians exactly what they are interested in and what is valuable to them, whereas, in the definite organized post-graduate courses there is a lot of information and material used that is impossible for us to use when we return to our respective practice. In combined medical society meetings that phase is definitely eliminated.

Our old county medical society did not have regular scientific meetings. It met about once each year, electing officers and paying dues, with only three or four physicians present. The majority of the physicians in the county do not attend any scientific meeting during the year, being unable to attend the state meeting. Now the same or better scientific program is brought near enough and cheap enough for them to participate; this is evident from the attendance at the district meeting. I think this applies only to the small county societies.

In conclusion I wish to emphasize the advantages of combining county medical societies for scientific programs. (1) The attendance is large enough for a class and not too large to lose interest. (2) The speakers on each program can all be authorities on their respective subjects. (3) There are regular monthly meetings. (4) Clinical material can be presented more effectively. (5) More of a post-graduate course is given. (6) Subjects that affect the physicians in the district are discussed at the various meetings, in addition to the scientific program.

### COMING MEDICAL MEETINGS.

Dallas Southern Clinical Society, Dallas, March 16-19, 1936.

Arkansas Medical Society, Hot Springs National Park, April 27, 28, 29, 1936.

American Medical Association, Kansas City, May 11-15, 1936.

Much has been written and spread by means of the printed sheet and by word of mouth about socialized medicine. By far the greatest part of it for lay consumption has been the product of social reformers because medical men have been reticent about publishing their own ideas to the world at large for various and sundry reasons. They have expressed themselves chiefly through the medium of their own scientific journals or at private forums. Much of the little that has been permitted to seep out to the laity has been couched in such exacting language and with such detail that it has been lacking in appeal and in comprehension to all but a few of those whom it was intended to impress.

JACKSON COUNTY MEDICAL JOURNAL,  
Kansas City, Mo.

## THE VALUE OF A PUBLIC RELATIONS COMMITTEE IN THE COUNTY MEDICAL SOCIETY\*

D. A. RHINEHART, M. D.,  
Little Rock.

In an address to the Pulaski County Medical Society not long ago Father Schwatilla, Dean of St. Louis University School of Medicine and President of the Catholic Hospital Association, made the statement that it was impossible for anyone but physicians to have the correct viewpoint of the practice of medicine in all of its varied aspects. In elaborating on this statement he said that medical affairs could be comprehended only by those that had been graduated from medical schools, had cared for sick and injured people in clinics, hospitals, and in their homes, and had been engaged in the practice of medicine; no matter what experiences a person had had in some side-line of medical practice, the proper angle to the practice of medicine could not be grasped without this training and these experiences.

To a greater or less extent all laymen have an interest in subjects pertaining to personal and public health, and certain permanent lay organizations have an interest in and foster particular kinds of medical activities. The Parent-Teacher Associations, Tuberculosis Associations, Societies for Crippled Children, Junior League, and American Legion Auxiliaries are some of the organizations the activities of which in part at least have well defined medical aspects. From time to time also other groups may be interested in some medical subjects.

We are all agreed that Father Schwatilla's statement with reference to medical affairs is correct. Therefore it should be a good policy for each medical organization to have a small group of its members to which can be referred all questions wherein the medical profession as represented by the organization is called upon for advice and participation in private and public affairs and projects. This small group should be the Public Relations Committee. Such a committee should be an important part of every County Medical Society set-up.

A Public Relations Committee need not be large. Three members is a satisfactory number; a membership of more than five is apt to be unwieldy and slow in functioning. The members of

\* Read before the First Annual Conference of County Medical Society Secretaries of Arkansas, Little Rock, January 6, 1936.

the committee should learn the prevalent opinion of the members of the society they represent on the subjects that they may be called on to consider. For example, they should know what the members of the society think about the holding of clinics of various kinds. They should know what is thought about the immunization of children of school and pre-school age. They should know the ideas about the proper activities for the personnel of public health units and departments. This information may be obtained through personal contact with the other physicians of the county, by means of suitable questionnaires, or at a special meeting of the county society devoted to the discussion of such subjects.

On many of these subjects the opinions of the physicians in the various counties have become well crystallized. For example, because of disapproval, wholesale tonsil-removing slaughters sponsored by lay groups probably will not be approved. Diagnostic clinics for the examination of children of pre-school age for remedial defects, the examination of suspects and contacts for tuberculosis, and the examination of crippled children, when held under the proper auspices and properly conducted, probably do more good than harm and are approved. Such clinics should not be held without the sanction and the active co-operation of the societies in the counties in which they are conducted. Wholesale immunization of large groups of children or adults and clinics in which therapeutic measures are undertaken nearly always are condemned.

The Committee on Public Relations should also function as the publicity committee of the county society and have charge of all publicity issued in the name of the society. Here again the committee members, particularly the chairman, should be informed as to what is and what is not permissible medical publicity. Newspaper reports of subjects of general interest presented at society meetings, addresses on timely subjects before lay groups and organizations, and the preparation of special articles on public and personal health are usually considered as permissible forms of medical publicity. The reports of unusual cases and news items about the activities of individual physicians usually are not so appropriate.

I have often thought that a speakers bureau in each county medical society might be an excellent form of medical publicity, but such a project would require a great deal of care and thought in its inception. If each member of the society could prepare, have prepared for him, or other-

wise obtain one or more talks on timely medical topics for delivery before the lay groups in the different communities of the county, much valuable information could be imparted. If this should be done, the Public Relations Committee could give the officials and program chairmen of the different clubs and societies a list of the speakers and subjects from which to select those appropriate for presentation at their meetings. If continued over some period of time, with changes in the subjects of the talks now and then, publicity of this kind should do more to present the viewpoint of the members of the medical profession than anything else of which I know.

Lastly, I think the Public Relations Committee should be permitted in a quiet way to inform whomsoever might be interested of its existence and the services it is prepared to render. By so doing it will have opportunities for commendable actions that it otherwise would not get.

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## ARRANGING THE COUNTY SOCIETY PROGRAM\*

R. B. ROBINS, M. D.,  
Camden.

In arranging the county society program, we feel, in our county, that two phases of the program should be considered in order to have the most successful program. We give consideration each time to both the educational phase and the social phase of the program.

In the past, medical schools have graduated their students, sent them away and forgot them. The young doctor must fight for himself from graduation on. Medicine is not a static science. It is a rapidly advancing science. The doctor is faced with the obligation of not only becoming educated, but keeping educated. He must realize that he is a student for life. Whenever a doctor ceases to be a student he begins to retrograde. The great men in our profession are the men who have never ceased to be students. We need every aid possible to help us keep step with medical progress. The medical society is one of the finest agents that we have to help us keep step.

We should construct our programs so that they will be of the greatest educational value. The program must be worth while, otherwise you cannot expect your members to attend. We should make our programs so attractive that

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members will feel that they cannot afford to miss them.

The real fundamental duty of the county medical society is to make every member a better practicing physician. Our programs, therefore, should be practical programs; programs that will give us information which we may use in everyday practice.

Most of the counties in Arkansas are small counties and I think that our programs should be furnished by both outside and home talent each time. Always invite a guest speaker or two.

Do not make your programs too long. Evening is the best time to hold meetings and our programs should be so arranged that the members may be home at a comfortable hour. Attendance will begin to lag if programs are too long.

We should get away from monotony and vary our programs. We should have combined meetings now and then with dentists and druggists. An annual ladies' night is an attractive feature at which time the doctors and their wives get together for a social evening. If motion picture equipment is available, a program of this type usually takes well. There are a number of very interesting and instructive medical motion pictures available for use by medical societies. We have had a number of these programs in our county.

Medical audiences are becoming more and more discriminating and prefer guest speakers who either speak their part or give illustrated lectures. We should get away more and more from the routine, monotonous reading of papers.

The local members should be developed as much as possible. It is very difficult to persuade some men to prepare original papers. Many of these, however, can be persuaded to give a review of a recent book, or a review of current literature on a subject, or review a current magazine. These are valuable features on a program.

We have found it profitable in our county to vary our meeting place. Usually we meet in Camden, however, we meet occasionally in other towns in the county where the local doctors entertain with a meal, a watermelon feast or a barbecue. When we meet in Camden we vary our place of meeting also. Sometimes we meet at the local hospital, then again we meet at the country club or some hotel and now and then at a doctor's home.

We find it a great advantage to arrange our programs from six weeks to two months in ad-

vance. This gives those who are to appear on the program plenty of time for preparation.

Do not let your members forget the meeting. Announce the meeting in the local newspaper a few days before, send a letter to every doctor several days before and on the day of the meeting call each member by telephone as a final notice. These measures will greatly increase your attendance.

We have an almost universal custom in our county of gathering at the festive board just before or after our program. One of the nearest ways to a man's heart is down his throat. Some of the strongest ties of friendship are formed around the table. Meetings combining this social feature with an attractive scientific program will almost insure you an active medical society in your county.

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## HOW THE ARKANSAS MEDICAL SOCIETY MAY HELP THE COUNTY SOCIETIES\*

ALBERT B. DICKEY, M. D.,  
Prescott.

The Nevada County Medical Society is one of the smaller ones, with a membership averaging about six or eight, and, in the past, it has been a society largely in name only, members joining so as to be eligible for membership in the state and national organizations. However, we are not ashamed of our size, because, after all, the county society is the state society and through it the American Medical Association. It was gratifying indeed to hear Dr. Olin West make a similar statement.

If one doubts the importance of the county society, no matter how small, he should take notice of the trouble and the difficulty involved in revoking a license to practice medicine or in restoring a license previously revoked, without the sanction of the county society. Also, it is difficult indeed to secure a license by reciprocity from another state unless the applicant is a member of his county medical society and has its recommendation.

Organized medicine may have been more of a social affair a few years back, but the need for concerted action in other lines is growing daily. The threat of state medicine increases constantly. A sample of how state medicine would work has been given all of us during the recent relief

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activities. It is difficult to practice medicine to best advantage when one must get permission from some nurse or social worker to visit a patient having a hemorrhage, for instance, or to run into such arbitrary rules as that any illness lasting over ten days is always a chronic disease.

It has been in these various "New Deal" activities that the state society has helped us most. The secretary has kept us informed of all new developments. All protests and suggestions were promptly handled by the State Advisory Committee. This committee is especially to be commended for its prompt action regarding the fees to be paid for examinations of WPA workers.

In fact all branches of the Arkansas Medical Society have co-operated with us nicely and we have no suggestions for any changes. The State Board of Health, which is also a part of the state society, has co-operated with us wonderfully well, and it has carried out all recommendations from the county society.

Something should be said about the various Tri-County Medical Societies and similar organizations composed of several small counties. Their value as an aid to study and the presentation of scientific papers is great indeed to the smaller counties.

In closing, we, as one of the county medical societies, shall ask for continued co-operation from the state organization and shall ask that it stand behind us in our various local problems.

## OBITUARY

HUGH E. CURETON, aged 68 years, for 42 years an active physician in Faulkner County, died suddenly at his home in Conway, February 14th. Confined to his home for a few days, his illness had not been regarded as serious until a short time prior to his death. Born June 1, 1867, at Loudon, Tennessee, Dr. Cureton had been a resident of Arkansas since 1883, receiving his preliminary education in the schools of Faulkner County. He graduated from the University of Arkansas School of Medicine in 1895 and first practiced at Springfield, Conway County. A registered pharmacist, he conducted a drug store for a number of years. He had been a member of the Faulkner County Medical Society since 1908 and served as president of that society in 1933. In 1896 he was married to Miss Annie Clifton, who, with two daughters, survives him.

## TEXAS-OKLAHOMA-ARKANSAS-LOUISIANA-NEW MEXICO-ARIZONA-MEXICO SECTIONAL MEETING, AMERICAN COLLEGE OF SURGEONS.

The southwestern sectional meeting of the American College of Surgeons this year will be held in Dallas, Texas, on Wednesday, Thursday and Friday, March 4, 5 and 6. Headquarters will be at the Baker Hotel.

There will be included in this section the following states: Texas, Oklahoma, Arkansas, Louisiana, New Mexico, Arizona and the republic of Mexico.

An active Committee on Local Arrangements, with Dr. John O. McReynolds as chairman, and Dr. Frank H. Newton as secretary, have plans well in hand for an excellent meeting.

Following is a preliminary outline of the entire program:

### Wednesday, March 4, 1936.

- 8:00- 9:00 Registration.
- 9:00-12:00 Operative Clinics.
- 9:30-12:00 Hospital Conference.
- 12:00- 2:00 Medical Motion Pictures.
- 2:30- 5:00 Hospital Conference.
- 5:00- 5:30 Annual Meeting Fellows of the College.
- 7:00- 8:00 Medical Motion Pictures.
- 8:00-10:00 Scientific Session, General Surgery.
- 8:00-10:00 Scientific Session, Eye, Ear, Nose and Throat Surgery.
- 8:00-10:00 Hospital Round Table Conference.

### Thursday, March 5, 1936.

- 9:00-12:00 Operative Clinics.
- 9:00-12:00 Hospital Conference.
- 12:00- 2:00 Medical Motion Pictures.
- 2:00- 4:30 Hospital Conference.
- 2:30- 5:30 Scientific Session, General Surgery.
- 2:30- 5:00 Scientific Session, Eye, Ear, Nose and Throat Surgery.
- 8:00-10:00 Community Health Meeting.

### Friday, March 6, 1936.

- 9:00-12:00 Cancer Clinic.
- 9:00-12:00 Fracture Clinic.
- 9:00-12:00 Operative Clinics, Eye, Ear, Nose and Throat Surgery.
- 12:00- 2:00 Medical Motion Pictures.
- 2:30- 5:00 Scientific Session, General Surgery.
- 2:30- 5:00 Scientific Session, Eye, Ear, Nose and Throat Surgery.
- 7:30-11:00 Fellowship Banquet.

Some of the distinguished visitors from outside of the section who will be present on this occasion are: Dr. George Crile, Cleveland, Chairman, Board of Regents, American College of Surgeons; Dr. Alfred W. Adson, Rochester, Neurosurgeon, Mayo Clinic; Dr. Philip H. Kreuscher, Chicago, Associate Professor of Surgery, Northwestern University Medical School; Dr. Donald C. Balfour, Rochester, Professor of Surgery, University of Minnesota Medical School; Dr. Edward Jackson, Denver, Consulting Editor, American Journal of Ophthalmology; Dr. Alton Oshner, New Orleans, Professor and Director of Surgery, Tulane University of Louisiana School of Medicine; Dr. Malcolm T. MacEachern, Chicago, Associate Director, American College of Surgeons; and Robert Jolly, Houston, Superintendent, Memorial Hospital and Past President, American Hospital Association.

A cordial invitation to attend this most interesting meeting is extended not only to the Fellows and hospitals of the various states included, but to the entire medical profession at large.



THE JOURNAL  
OF THE  
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

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sively. Communications and items of general interest to the pro-  
fession are invited from all over the State. Notice of deaths,  
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EDITORIAL

THE VALUE OF MEMBERSHIP.

A reiteration of the value of membership in  
the Arkansas Medical Society may serve to call  
attention to just what benefit you derive from  
your yearly assessment. We believe no one  
doubts the wisdom of co-operative effort in this  
present-day world and this we would list first on  
our list. This has been clearly demonstrated in  
Arkansas within the past two years in our con-  
tacts with governmental agencies. As individ-  
uals we could not have hoped for the gains which  
were made. Now is certainly no time to become  
lax in this respect; the morrow may bring far  
more demoralizing innovations. Secondly, we  
would list the value of contacts with colleagues  
obtained in the various meetings, the opportunity  
to prove yourself a better fellow than your col-  
league suspects. Likewise, you will find that  
there is much of good in him. Other benefits  
may be summarized: (3) listing in the Directory  
of the American Medical Association, a frequent  
source of referred work; (4) qualification for  
membership in special societies; (5) qualification  
for appointment on hospital and institutional  
staffs; (6) annual state meetings; (7) participation  
in the benefits from committee activities; (8) de-  
velopment of improved public relations; (9) de-  
fense of private practice against the inroads of  
governmental and contractual types; (10) the as-  
sistance of a central office for information; (11)  
representation in those state affairs that are of  
personal concern, and (12), The Journal. Do not  
these seem well worth-while?

EDITORIAL COMMENT

Membership assessments have been rather  
slow for 1936 to date. At first thought this  
might appear to be due to the raise from the  
lowered assessment to the constitutional amount,  
but the fact that county society secretaries who  
have reported to date show no appreciable loss  
in membership would indicate that the delay in  
receipt is due to failure of our members to pay.  
Members can materially assist county society  
secretaries by voluntarily paying their assess-  
ments, saving the trouble incident to asking for  
them. After all the county society secretaries  
are serving you gratis, the time lost in collecting  
assessments is their own. We are making this  
appeal certain in our knowledge that those mem-  
bers who have not paid will do so at the earliest  
opportunity.

All indications point to a banner meeting in Hot Springs National Park April 27-29th. The Garland County committees are busily engaged in arranging all features for entertainment of our membership, among which may be mentioned an evening barbecue at Gilliam's Landing, certain to be an enjoyable affair. The scientific program is complete and promises much of profit. Among the guest speakers are: George Carlisle, Dallas; W. D. Haggard, Nashville; J. A. Myers, Minneapolis; Horton Casparis, Nashville; Lee Dorsett, Saint Louis; Willis Campbell, Memphis, and R. G. Leland, American Medical Association, Chicago. An unique feature will be the special program to be presented by the staff of the Army and Navy General Hospital, attendance at which will entitle reserve officers to credit toward promotion. The evening session will be addressed by Drs. George Carlisle and W. D. Haggard on two medico-lay subjects of interest, "What Is a Doctor" and "What Price Health." All meetings in Hot Springs have been good ones; this will be no exception. Make your plans now to be present.

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## OBITUARY

ALBERT L. BOEN, aged 67, died at the home of his daughter in Knoxville February 5th of apoplexy. Dr. Boen had been ill and confined to his bed since last July. Born near Ozark February 9, 1868, he graduated from the University of Arkansas School of Medicine in 1907 and had practiced in Clarksville until his last illness. He was a member of the First Baptist Church and the Masonic lodge of Clarksville. Surviving relatives are his wife and one daughter.

PATRICK P. BOGGAN, aged 83, died at his home in Forrest City February 3rd of cerebral hemorrhage. Born in Marshall County, Mississippi, August 21st, 1852, Dr. Boggan attended the schools of that county and the Alabama Medical College in Mobile, graduating from the Louisville Medical College in 1874. He had practiced in his home county and in New Madrid County, and Matthew Station, Missouri, until July, 1909, when he moved to Forrest City, thus spending 27 of his 60 years of practice in this city. Appointed county health officer in 1913, he had continued in this work, being city health officer at the time of his death. He was a member of the Masonic lodge and active in civic affairs. Surviving relatives are his wife and two daughters by a former marriage.

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## PROCEEDINGS OF SOCIETIES

The Pope-Yell County Medical Society was addressed January 16th by John M. Smith, Russellville, "Arranging the County Society Program," and Ben Williamson, Chickalah, "Chemotherapy."

The Arkansas County Medical Society was addressed on January 14th by D. A. Rhinehart, Little Rock, "The Relations Existing Between the Doctor and the Public," and R. J. Calcote, Little Rock, "Common Diseases of the Eye."

The Fort Smith Clinical Society has elected the following officers: President, J. A. Foltz; Vice-president, A. A. Blair; Secretary-treasurer, E. C. Moulton; Director of Clinics, F. H. Krock; Chairman, Executive Committee, C. S. Means, and Executive Committeeman, J. E. Stevenson.

The Fourth Councilor District Medical Society met at Pine Bluff January 18th for the following program: "Head Injuries," Eustace Sims, Memphis, and "Foreign Protein in Ophthalmia," J. B. Stanford, Memphis. The following officers were elected: President, E. C. McMullen, Pine Bluff; Vice-president, M. C. Crandall, Wilmot, and Secretary-treasurer, H. T. Smith, McGehee.

The Union County Medical Society was addressed February 4th by H. Fay H. Jones, Little Rock, "Eugenic Marriage Law," and M. J. Kilbury, Little Rock, "The Story of the Kidney."

The Mississippi County Medical Society met February 4th for the following scientific program by Memphis physicians: "Pruritis," C. H. Marshall; "Menstrual Bleeding," W. M. Searight; "Cancer of the Breast," Shields Abernathy. Joe Beasley, Blytheville, spoke on "Management of a Ruptured Appendix."

The Sebastian County Medical Society met February 11th, C. B. Billingsley and R. E. Weddington presenting "Puerperal Sepsis: Prognosis and Treatment." The motion picture "Physiologic Action of Ergotrate" was shown.

The Benton County Medical Society was addressed February 13th at Bentonville by W. A. Moore, Rogers, "Undulant Fever" and Clyde McNeil, Rogers, "Syphilis."

The Ouachita County Medical Society held its annual ladies' night meeting February 6th at the Orlando Hotel in Camden. There were twenty-five present. The program consisted of movies and addresses by Dr. George Fletcher of Hot Springs and Mrs. J. T. McLain of Gurdon.



## PERSONALS AND NEWS ITEMS

The Dickson Memorial Hospital, Paragould, has elected the following officers: President, R. J. Haley, and Secretary-treasurer, J. A. Dillman.

Recently elected were the following: E. F. Ellis, director, First National Bank, Fayetteville; D. K. McCurry, president, First National Bank, Green Forest; C. R. Chesnutt, director, Federal Savings and Loan Association, Little Rock; O. W. Hope, Sheridan, director, Pine Bluff Production Credit Association; A. F. Hoge, director, City National Bank, Fort Smith; J. T. Powell, director, Bank of Gravette; J. R. Sloan, vice-president, Citizens Bank, Beebe; E. D. McKnight, director, Bank of Brinkley; E. A. Callahan, vice-president, Citizens Bank, Carlisle, and C. P. Sisco, director, First State Bank, Springdale.

The Mena General Hospital was dedicated January 19th. Dr. J. M. Taylor, formerly of Fort Smith, is chief surgeon and superintendent.

Robert Hood, Russellville, has moved into offices in the Pearson Hotel.

Euclid Smith, Hot Springs National Park, addressed the Arkansas Crippled Children's Society January 21st on "The Underwater Therapy of Arthritis."

T. Duel Brown, Little Rock, spent six weeks in the post-graduate study of urology at the Mayo Clinic during January and February, spending time at clinics in Saint Louis, Kansas City and Chicago en route.

The State Board of Health has elected the following officers: W. F. Smith, Little Rock, president; W. G. Hodges, Malvern, vice-president, and W. B. Grayson, Little Rock, secretary. Other members of the board are: Thos. Wilson, Wynne; J. G. Gladden, Harrison; E. D. McKnight, Brinkley; L. D. Duncan, Waldron, and F. O. Mahony, El Dorado.

O. J. MacLaughlin, Hot Springs National Park, has been elected president of the Ouachita Area Council, Boy Scouts of America.

C. J. Steed has been elected vice-president of the Gurdon Board of Trade.

A. G. Henderson has been elected worshipful master of the Imboden Masonic lodge.

J. A. Summers addressed the Little Rock Scout Leaders' Club January 27th.

"Xanthoma Diabeticorum" by E. I. Thompson, J. E. Stevenson and F. H. Krock, originally published in the October, 1935, Southern Medical Journal, is abstracted in International Medical Digest, January, 1936.

J. S. Kolb, Clarksville, has returned to practice after an absence due to injury received in an automobile accident.

S. C. Pierce recently moved from Coal Hill to Hartman.

Dr. and Mrs. C. S. Holt, Fort Smith, spent February on vacation in Florida.

The February Southern Medical Journal contains "Concerning Stomachs That Are Upside Down," D. A. Rhinehart, and "The Roentgen Study of Mediastinal Tumors," W. R. Brooksher.

P. W. Lutterloh has been elected a director of the Jonesboro Y. M. C. A.

O. R. Kelly, Sheridan, has been elected director of the Grant County Bank.

Robert Caldwell, Little Rock, has been elected director of the Arkansas Diamond Corporation.

C. T. Chamberlain, Fort Smith, recently addressed the Van Buren P. T. A. on "Good Health."

G. K. Stephens has been elected vice-president of the Newport Arkansas University Boosters' Club.

Paul L. Mahoney, Little Rock, attended the Mid-West Section of the Otological, Laryngological and Rhinological Association in Saint Louis recently as the guest of M. F. Arbuckle.

"Total Blood Fat Determination as an Index of Thyroidfunction" by C. T. Chamberlain, Fort Smith, and associates, appeared in the January American Journal of Medical Sciences.

F. E. Baker has been elected steward of the First Methodist Church of Stamps.

J. S. Coffman has been elected director of the Citizens Bank, Lavaca.

"Facial Paralysis," by N. B. Burch, Hot Springs National Park, appeared in the January issue of The Tri-State Medical Journal.

Dr. and Mrs. E. G. McCormick, Prairie Grove, celebrated their fifty-second wedding anniversary February 10th.

R. B. Robins and S. A. Thompson presented a public health program with motion pictures before the Camden Lions Club February 5th.

"Spider-bite Poisoning" by S. F. Hoge, Little Rock, appeared in the February issue of The Mississippi Doctor.

S. J. Wolfermann addressed the City Federation of Women, Fort Smith, February 14th on "Health Needs of Fort Smith and Sebastian County: Present and Future."

Warren S. Riley has located at El Dorado for practice, specializing in pediatrics.

Elected as members of the executive committee of the Ouachita Booster Club were: J. B. Jameson, Camden, and J. E. Stell, Hot Springs National Park.

G. L. Hardgrave addressed the Clarksville Lions Club February 19th on "State Medicine."

Frank Vinsonhaler has been elected president of the Little Rock Columbia University Alumni Club.

The Arkansas County Medical Society met February 11th at DeWitt for the following program: "Diphtheria," Hans Frenkel, and "The Business Side of the Practice of Medicine," C. A. Lumsden.

M. C. JOHN, Jr., Secretary.

The Lawrence County Medical Society met with Drs. Hatcher, Poindexter and Henderson at Imboden, February 11th with H. B. Hull, Mammoth Spring, presenting a paper on "Pneumonia."

GEAN ATKINSON, Secretary.

## RANDOM THOUGHTS OF THE SECRETARY

January 18th. This day journeying with the H. H. Smiths to Russellville for the gathering of the mighty Smith clan, a conception of John Smith. Snow falling, but the beauties of nature are increasingly pushed into the background of thought by the dismal contemplation of what four inches of snow and ice, an opaque windshield and skidding wheels will mean on the return trip. Progress becomes slower and with Charleston just ahead all unite in the opinion that we cannot make our destination. So returning to phone John finding that most everyone else with better fortune is now seated at the luncheon.

January 20th. This evening Ogden relates with forlorn detail of the incidence of three cases of cavernous sinus thrombosis, all of which promptly became mortality statistics. To this account he adds the technical features of certain operative procedures suggested as therapy, the least of which apparently comprises exenteration of one-half of the face. The etiological factor in two cases being the extraction of a tooth, we depart in a most deliberate mood, pondering our engagement on the morrow with a dental colleague for the elimination of our left lower first molar.

January 21st. With far more bravado than our shrinking spirit warrants we seat ourself in the dental chair, endure in comparative silence the ordeal; our speculations of the next few days in no wise gladdened by the fracture of one root in the removal, subsequent evacuation of which necessitates considerable traumatism to the gingival structures. Have we not read that trauma to an infected area merely invites the little bugs to take a ride on the corpuscles?

January 23rd. Our presence here in relatively good health a cause for rejoicing. Our reflection in the mirror shows no protuberance of the eyes as yet.

January 26th. Perhaps we have a sphere to fill. Signs of healthy repair in the affected dental region; general euphoria; glad indeed that we did not join Parmley in relating all the details of McCaskill's trip to Corning; evidently our life has been circumspect at some time.

January 27th. Raymond T. Smith presents with fanfare and the inspiration of an impressive patron list, The Sparks Follies of 1936. We observe his gyrations with the baton and resolve that he shall conduct no bronchoscopic study on us. Foltz is moved to reflect: "For 35 years I have worried myself over the follies of Sparks Hospital; it remains for Charlie Holt to make money out of them."

February 5th. Bob Robins phones to remind Peggy and I that we are invited to the annual Ladies' Night of the Ouachita County Medical Society. Both of us having previously been guests on this gala occasion, we deplore the time-space allotment for gastro-intestinal roentgen-ray studies and wish that we had picked dermatology or public health for a specialty.

February 7th. This evening playing "Monopoly," a series of registrations at ritzy hotels and trips on monopolized railroads combining to leave us as "dummy" early in the game. Thus is confirmed our first sad realization acquired in 1930 that we know nothing of financial leg-erdmain and are doomed to be a poor boy. Jones and Amis fight it out in a bloodthirsty manner, Amis becoming a bankrupt despite the connivance of the banker.

February 8th. The Mississippi Doctor reaches our desk with the genial countenance of King Wade spread over the front cover and that of Bob Robins, the champion meeting hound, gracing another page, to say nothing of the essay of S. F. Hoge on spider bites. Almost an Arkansas issue.



## WOMAN'S AUXILIARY PAGE

MRS. D. W. GOLDSTEIN, Publicity Secretary, Fort Smith

The Woman's Auxiliary to the Garland County Medical Society met December 19th at the home of Mrs. Warren Chamberlain. Twenty-five members were present and the afternoon was spent in preparing Christmas packages for the children in one of the rural schools. A pair of stockings filled with candies and nuts, a tooth brush and tube of paste and a toy were provided for each child in the school. Candies, nuts and fruits were generously provided by the women of the Army and Navy Hospital and this was greatly appreciated by the Auxiliary.

For January meeting "Health Through the Ages" was the topic of the program at the Auxiliary to the Washington County Medical Society at a meeting at the Washington Hotel. "Biography of Florence Nightengale" was given by Mrs. Hugh Henry, and "The Conquest of Yellow Fever in Cuba" by Mrs. J. W. Walker.

Miss Maryella Clayton, school nurse, was the chief speaker when the Auxiliary to the Sebastian County Medical Society met January 13th, at the home of Mrs. J. G. Eberle. Miss Clayton discussed in detail the school health program, showing the teacher's relation to the various departments of the health schedule. Mrs. Pierre Redman conducted the meeting. Mrs. Everett Moulton, also a program speaker, gave a report on an article in "Hygeia." Mrs. Moulton chose for her review "Does Illness Begin at 40?" by Dr. Samuel Morrison.

Mrs. D. W. Goldstein, program chairman, reported on the Southern Medical Society meeting, which she attended in St. Louis in November. She also called attention to radio programs being given by the American Medical Association over a coast-to-coast network, NBC, Tuesday afternoons at 5 o'clock during the month of January. Mrs. Goldstein gave dates and subjects for the coming programs.

The Auxiliary to the Sevier County Medical Society met January 16th at the home of Mrs. Robert L. Hopkins. A paper, "Hygiene of the Eye," was given by Mrs. C. C. Thompson. "First Aid in Eye Injury," was discussed by Mrs. C. M. Gore. Following the program a short business session was held. Those attending the meeting included: Mrs. R. C. Dickinson, Mrs. J. C. Graves, Mrs. C. W. Rasco, Jr., Mrs. C. A. Archer, Mrs. C. E. Kitchens, Mrs. C. M. Gore, Mrs. C. C. Thompson and the hostess, Mrs. Hopkins. The next meeting will be held at the home of Mrs. Dickinson in Horatio February 20th.

The Woman's Auxiliary to the Bowie and Miller Counties Medical Societies met January 24th with Mrs. George W. Parson, 300 East Twentieth Street. Co-hostesses were Mrs. A. W. Roberts and Mrs. P. H. Phillips, Ashdown. Guests of honor were presidents of Texas Parent-Teacher Associations, and those present included: Mrs. E. P. Little, president of Texarkana, Texas, Council of Parents and Teachers; Mrs. Charles Wilson, Senior High; Mrs. M. Fountain, Grim; Mrs. Judson Pryor, Highland Park, and Mrs. O. G. Gerber, Akin. Mrs. Allen Collom, Jr., presided over the business session. The program on "Our Changing Conceptions of Health Work—Fifty Years of Progress in Preventive Medicine" was given by Mrs. L. H. Lanier and Mrs. N. B. Daniel.

The Executive Board of the Womans Auxiliary to the Arkansas Medical Society will hold its semi-annual meeting at the Albert Pike Hotel February 10th. Mrs. Marcus T. Smith of Conway, president of the Auxiliary, will preside. At luncheon, plans will be made for the state convention to be held at Hot Springs April 27-29. Officers, committee chairmen and county presidents will give reports.

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# THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXII

LITTLE ROCK, ARKANSAS, APRIL, 1936

No. 11

## ACUTE APPENDICITIS IN INFANCY— WITH A CASE REPORT

By FRED KROCK, M. D., F. A. C. S., C. B. BILLINGSLEY,  
M. D., and RALPH E. WEDDINGTON, M. D.

Fort Smith

While acute appendicitis is commonly considered to belong only to the adolescent and young age groups, nevertheless the possibility of this condition being present must be considered whenever one is faced with any case of an acute abdomen from birth to senescence. Vital statistics of the State of Arkansas now show appendicitis to have risen to fourteenth place as a cause of death. Early recognition of this entity, and the institution of proper therapeutic measures, should reduce the mortality from this cause to almost nil. The necessity for continued re-emphasis of this theme is brought to mind by a recent case well illustrating the usual course of events and only too frequent termination of acute appendicitis in infancy.

Abt, in 1917, was able to collect seventy cases from the literature of acute appendicitis occurring before the age of two. The youngest case on record is that of Kummel, in which autopsy on an infant dying twenty-four hours after birth disclosed a gangrenous appendix as the cause of death. Deaver reports an incidence of eight per cent under five years of age. Few other observers were able to record an incidence as high as this. Maes, for instance, found forty-three children, or one and nine-tenths per cent, in a series of twenty-two hundred and ninety-five cases of acute appendicitis. In the Johns Hopkins Hospital series of twelve hundred and twenty-three cases, only nine, or eight-tenths per cent were under five years of age. On the other hand, it is undoubtedly true that many cases of acute appendicitis are overlooked, and the cause of death attributed to other intra-abdominal conditions which may produce a very similar clinical picture, viz., acute gastro-enteritis, gastro-enterospasm, colitis, intussusception, volvulus, pyelitis, and in older children, pneumonia. This is very well borne out by Smith's statistics based upon the autopsy records of two

hundred consecutive infants dying with gastrointestinal symptoms and malnutrition, in which he found acute involvement of the appendix as the chief lesion in fifteen, or seven and five-tenths per cent. These infants ranged between thirteen days and two months of age.

The following case report is here appended in order to re-emphasize the fact that appendicitis is not in any sense to be defined in terms of age, and that very young infants with gastrointestinal symptoms must be very carefully observed for developing signs of intra-abdominal inflammatory disease.

### CASE REPORT

A white, male infant, three weeks of age, was brought to Sparks Memorial Hospital at 5:00 P. M. June 3rd, 1935, because of extreme restlessness, constant colicky pains, obstinate constipation and persistent vomiting. He had not been examined by a physician prior to his entry to the hospital. The past history indicated that he had been a full-term infant who was delivered spontaneously. The birth weight was nine pounds and four ounces; no gross abnormalities were noted at birth; the respiration and cry were spontaneous. He was started on breast feedings at three-hour intervals and appeared to be thriving up until the sixth post-partum day. At this time he refused to nurse, vomited on several occasions and cried continuously for hours at a time. Finally a large dose of paregoric was given. This appeared to give rather prompt relief. Although he was subsequently somewhat fretful and restless, he was able to take the breast regularly and did not vomit until eight days later (at two weeks of age), when a similar attack occurred. Paregoric was again given to relieve the pain. Constipation resulted following this, for which a generous dose of castor oil was administered. Several loose stools were obtained but the "colic" recurred with such severity that paregoric was again resorted to for relief. He persistently refused to nurse thirty-six hours prior to admission. Twenty-four hours later he began to vomit everything taken by mouth. It was noticed by the parents that the abdomen was very distended and firm. He cried almost continuously. Several enemata had been given without results. On physical examination the rectal temperature was recorded as 100 degrees F.; pulse 160; respiration 36. The skin was loose, dry and inelastic. His general appearance was that of an extremely toxic, dehydrated infant. The thighs were well drawn up on the abdomen and any attempt to extend the legs elicited evidence of pain. There was a slight generalized bluish discoloration of the skin, most notable in the acral portions. The abdomen was markedly distended, board-like to palpation, and apparently painful to light touch generally. No masses could be outlined.



The heart and lungs were clear to percussion and auscultation. On rectal examination there was no palpable mass discernable in the pelvis, or bowel; the canal was distended with gas. When withdrawn there was no blood on the examining finger.

Blood examination: erythrocytes 4,250,000; hemoglobin (Sahli) 80%; leukocytes 45,500; Differential: polymorphonuclear neutrophils 97% (myelocytes 5%, juveniles 8%, stab forms 26%, segmented cells 58%); small lymphocytes 3%. Urinalysis: Acid; specific gravity 1.020; no sugar, albumin or acetone. On microscopic examination many white blood cells were noted with occasional groups in clumps.

In view of the above findings a tentative diagnosis of acute abdomen was made, due possibly to intussusception or acute appendicitis with perforation and spreading peritonitis. The former seemed to be fairly well ruled out by the absence of both a palpable mass and blood on rectal examination. The presence of clumped pus cells in the urine was evaluated, but it did not seem likely that pyelitis, unless it had been complicated by sepsis, could be responsible for the pronounced intra-abdominal condition. A small normal saline enema was given which resulted in the evacuation of a large amount of soft yellow stool. Laparotomy was decided upon.

Operation: Three and one-half hours after admission the abdomen was opened under ether anesthesia by means of a right rectus incision. The parietal peritoneum was thickened, edematous, and very hyperemic. Upon entering the peritoneal cavity free gas was encountered, and approximately two hundred and fifty centimeters of thin, yellow, foul-smelling pus evacuated. The small intestine and all organs visible from the incision were red, thickened and covered with extensive deposits of fibrin. The process was progressively more severe as the right iliac fossa was approached. The cecum and ascending colon were identified, but stiff and friable due to edema and inflammatory exudate. The cecum could not be mobilized because of marked fixation to the right flank. The appendix could be palpated as a thickened mass of inflammatory tissue one-half inch in diameter just lateral to the cecum. Since the appendix could not be removed without extensive dissection and mobilization of the cecum, a procedure not warranted by the present precarious condition of the infant, two cigarette drains were placed in the region of the cecum and the wound closed rapidly. The baby left the operating room in very poor condition. Two hundred cubic centimeters of 2.5% glucose were given hypodermatically. The infant became progressively more cyanotic and dyspneic and expired eight hours after operation.

Discussion: Acute appendicitis in childhood is an exceedingly serious disease. In Maes' series of forty-three cases the mortality was twenty-five per cent. Certain anatomical considerations are worthy of mention in this respect since they help in a measure to explain the too frequent fatal termination of this disease in infancy and childhood. The walls of the infant and juvenile appendix are very thin and comparatively inelastic because of the predominance of lymphatic tissue. This predisposes to early rupture, which may ensue within twenty-four

hours or less, with a resultant general peritonitis. The relatively large size of the infant appendix compared to the size of the intestinal tract and a correspondingly meagre blood supply, renders it vulnerable to gangrene. Many of the cases of appendicitis which have been reported in infants, have been those in which the appendix has been found during an operation for strangulated hernia with a necrotic appendix incarcerated in the sac, or for intussusception in which the blood supply was cut off by the invaginated ileum. Furthermore, the omentum in children is not a well-developed structure and its attachment is situated at a relatively higher level in the abdomen. Consequently if infection supervenes and perforation threatens or occurs, the peritoneal cavity is unprotected and the infection rapidly becomes generalized.

There are three additional factors which make for an unfavorable prognosis. In the majority of cases in infancy the causative organism is the streptococcus. The young infant always has great difficulty with this type of infection because the resistance to this group of organisms both in the local tissues and in the general circulation is extremely low during the first eight months of life. The second and probably the most important factor is the delay in making a positive diagnosis. It is the general rule that the diagnosis of "acute abdomen" is not made until late, usually after the appearance of the gross signs of generalized peritonitis. Obviously this creates a rather unprepossessing picture of persistent vomiting, obstipation (although severe diarrhea may ensue), starvation and acidosis. It is interesting to note in this connection that Maes observed that one of the most valuable prognostic guides was the respiratory rate. He found that a series of thirty-one infants and children in whom the respirations were over twenty-four, that twenty-six, or eighty per cent died. Although broncho-pneumonia may easily occur in any debilitated infant, the majority of cases who come to the surgeon late are suffering from dehydration, starvation and acidosis as the result of the vomiting and diarrhea associated with the infection, and the hyperpnoea is directly related to these metabolic changes. In general the prevailing state may be either an acidosis or alkalosis; usually it is the former. In any event it is essential to restore the salt and fluid balance as rapidly as possible with the prompt intravenous administration of suitable solutions such as Hartman's or hypertonic glucose in normal saline. Lastly, it is necessary to point out that the pernicious use of strong purgation

that is so commonly resorted to, as for instance that vigorous and viscous panacea for all childhood ills, the castor oil bottle, undoubtedly makes a generous contribution to the prevailing mortality.

The difficulties of diagnosis are always tremendously multiplied when acute appendicitis develops in infants. Obviously, history and description of symptoms, so all-important, are missing. Typical symptoms, such as fever, initial pain, and evidences of severe pain, are difficult to evaluate, and are too frequently replaced by atypical ones such as anorexia or diarrhea, and in older children, headache. Delay may also be occasioned by ascribing the symptoms present to one of the apparent dietary indiscretions so notoriously common in childhood. Physical examination is likewise unsatisfactory in infants and small children due to lack of co-operation, the inability to localize pain and the rather wide anatomical variations in the location of the appendix. The finding of a board-like abdomen, indicative of a general peritonitis, may come as a distinct surprise to even the most astute of observers. Blood may also be present in the stools at times, leading to a suspicion of intussusception of bleeding ulcer in a Meckel's diverticulum.

Fine distinctions are, however, academic. The matter for the surgeon to decide is whether or not an acute abdomen exists. If so, the exploratory incision will enable him to make the exact diagnosis. If acute appendicitis be found the treatment is obvious. Whether or not drainage is indicated depends upon the presence or absence of complicating factors such as the extension of the infection beyond the appendix, abscess formation, and peritonitis. In one small series of cases, not at present reported, in which generalized peritonitis was evident, enterostomy two or three feet above the ileo-cecal junction apparently achieved brilliant results. In the rare case in which a local abscess occurs, drainage may be all that is indicated. Ochsner's conservative treatment, so valuable in tiding over the late cases in adults, has no place in the treatment of infants and young children, largely because of the virulence of the invading organism (*streptococcus*), and the short, highly attached omentum which does not lend itself well to walling off the infection.

A high operative mortality is to be anticipated until such time is reached when infants and children so affected can be brought to the operating room before perforation and perito-

nititis have occurred. Early diagnosis is essential and can only be made possible by a general appreciation of the fact that no infant is immune from this disease. Aside from adequate pre-operative hydration, medical treatment offers nothing. Unless the patient is moribund immediate surgery is the only adequate approach to this problem at the present time.

#### SUMMARY

1. A case report of acute appendicitis in an infant three weeks of age is given to emphasize the necessity of considering this possibility in every patient with abdominal symptoms.
2. Successful outcome is more dependent upon early diagnosis than any other factor.
3. Acute appendicitis in childhood is a serious disease, carrying with it a mortality of twenty-five per cent.
4. The treatment of acute appendicitis in infants is primarily surgical.

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#### COMING MEDICAL MEETINGS.

- Third Councilor District Medical Society, Lonoke, April 8th.
- Arkansas Medical Society, Hot Springs National Park, April 27, 28, 29, 1936.
- Arkansas State Pediatric Association, Hot Springs National Park, April 27th.
- American Medical Association, Kansas City, May 11-15, 1936.
- Ninth Councilor District Medical Society, Eureka Springs, June 2nd.

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## UNDULANT FEVER

H. A. DISHONGH, M. D.  
Little Rock

For centuries an obscure fever has been known to exist along the shore of the Mediterranean Sea. Because so many of these cases developed on the island of Malta, it was given the name of Malta fever. In 1896 Hughes gave this same disease the name undulant fever. More names have been given to this one malady than perhaps any other disease. It is still recognized by Malta fever, Mediterranean fever, undulant fever, and the latest name brucellosis. The British military reports formerly designated the disease as simple continued fever. Some of the soldiers could not remember the word simple so they called it slow continued fever. Hughes thought that this name was about as good as any with the exception of the new name undulant, the undulant of course referring to the wave-like appearance of the temperature curve. Since more investigations have been made, the name undulant is no longer suitable as it does not adequately describe the true character of the malady. In 1913 the International Congress of Medicine and Hygiene adopted a resolution to abolish the name Malta and substitute undulant. This was done because the people of Malta resented any disease being named after their native land.

Since the disease is not at the present time a localized disease peculiar to this island and the region of the Mediterranean sea and since it is found in nearly every country in the world, the name Malta fever is not used as frequently as in the past. In order to express infection with brucella regardless of the nature of the disease response and because it is applicable to the disease in man or in any of the lower animals, the name BRUCELLOSIS has been given to this malady.

Bruce, in the year 1886, discovered the causative organism of Malta fever and gave to it the name of *Micrococcus Melitensis*. A decade later another investigator named Bang discovered the causative organism of contagious abortion in cattle and named this organism *Bacillus Abortus*. No work of importance was done along these lines until by chance in 1917 Alice C. Evans discovered through the study of the bacterial flora of milk as it comes from the cow's udder that Bang's bacillus is very closely related to the micrococcus of Bruce. Later the generic name

*Brucella*, derived from Bruce, the name of the discoverer, was given to the entire group including the organisms of Bruce and Bang. The casual organisms of the human and bovine diseases were found to be so closely related that it was a mystery why a disease similar to the so-called Mediterranean fever was not known in this country. Here again due to the World War, work along these lines seemed to stop. In 1922 at the Johns Hopkins Hospital the first case of human infection with the abortus variety of the organism was diagnosed, and was reported by Keefer in 1924.

Since physicians have come to realize that such a disease as undulant fever exists in the United States, more and more cases are being reported. It is interesting to note that cases have been reported from every state in the union. In 1926, 46 cases; 1927, 217 cases; 1928, 649 cases; 1929, 952 cases; 1930, 1,420 cases; 1931, 1,351 cases; 1932, 1,326 cases; 1933, 1,788 cases; making a total of 7,749 cases.

### PATHOGENICITY

Observers differ markedly in their views as to the variety of the organism that is responsible for the cases of undulant fever that we are seeing. Many of them are of the opinion that the porcine variety is the responsible one. The agglutination test shows a *Brucella* infection, so our efforts should be to try first to rid the particular individual of the disease and then to apply our efforts to preventing its spread.

A study by the United States Public Health Service shows the ratio of infection according to sex as three males to one female. A surprising fact is that very few young children have been found with the disease. Since they are the large consumers of milk one would expect to see many cases among children. Have they some form of immunity or are we neglecting to make the tests?

All varieties of *Brucella* give an agglutination reaction against a common antigen and when symptoms are produced, all cases appear practically the same. Since the above is true for all practical purposes, we should consider the class of *Brucella* rather than the species or variety. This is also more indicated since all three varieties have been isolated from cattle.

I have been unable to find any mention of human transmission in the literature but we should not forget the fact that Amos and Poston have recovered the organisms from the stools of persons suffering from the disease so we can see that there is no reason why this can-

\* Read before the Sixtieth Annual Session of the Arkansas Medical Society, Fort Smith, April 16, 1935.

not be done. Should not the waste products of humans suffering from this disease be disposed of the same as that from patients suffering from typhoid fever?

#### SYMPTOMS

The symptoms of undulant fever are varied and numerous. No true cardinal symptoms appear. The disease may resemble any disease known to science. If I was asked to name one symptom only I would say weakness and then mention fatigue and sweating. Palpitation has been noted in several of the cases that I have cared for. Three of the patients have complained of different forms of arthritis, limited, except in one case, to the lower extremities. One man complained of pain in the vertebral column, while another one has had and is still having pain in the inter-scapular region.

Another case came to me because he had been told that he had tuberculosis by his family physician and had spent two months in the tuberculosis sanatorium at Booneville. He was told that it was not tuberculosis but perhaps some condition of the heart. A complete check of this man failed to reveal any heart or pulmonary disease, but a blood examination revealed the presence of undulant fever.

A woman was referred to me a few days ago complaining of weakness, slight nervousness, and tachycardia. She was also about four and one-half months pregnant. Her blood was positive for *Brucella*. This will be a very interesting case to watch; first, because of the pregnancy to see if she will go to term, and second, if she does go to term, will the baby contract the disease? I might mention that I have not seen any cases similar to this mentioned in the literature. There is a report of eight women who were pregnant, seven of whom miscarried, but no mention was made of the one baby.

A man about forty-two years of age came to me some few months ago because of a bronchitis that had lasted for six weeks. Examination revealed that he did have a mild bronchitis. The usual treatment failed so I began to look for further trouble and was rewarded in my efforts by finding undulant fever. The usual treatment was instituted with immediate improvement.

Another man came to me because he had been told that he had malaria. The blood examinations had been negative but the doctor told him that he was sure that it was malaria because quinine seemed to improve the condition. An examination of his blood revealed the presence of *Brucella*. Since treatment was instituted this

man has had no further symptoms. This has been three years ago.

Walter M. Simpson divides this disease into five different clinical types, the symptoms to a certain degree depending on the type.

(1) Intermittent Types. The majority of cases which have been observed in the United States fall into this group. The disease pursues a subacute course with fever of an intermittent character; the morning temperatures vary from normal or slightly subnormal to 100 degrees F., while the evening temperatures usually range from 101 to 104 F. The average duration of this type of the illness is from three to four months.

(2) Ambulatory Type. Approximately one-fourth of the cases are characterized by a relatively short and mild illness. Many persons in this group will remain at their work although aware of the existence of mild fever and a marked sense of weakness. The symptoms and signs of this form of the disease are essentially the same as in the intermittent type except that they are much less severe. Such cases are frequently confused with influenza.

(3) Undulatory Type. This form of the disease is characterized by the occurrence of relapses. This feature of the disease was said to be of frequent occurrence in the Mediterranean cases, but has been present in only about 15 per cent of the cases which have occurred in this country. The successive relapses usually decrease in intensity and duration. Such cases usually pursue a more chronic course than the other forms of the disease. Physical and mental deterioration are more commonly observed than in other forms.

(4) Malignant Type. This form of the disease is rare, having occurred in only about two per cent of the cases reported in this country. A sudden onset, and acute course with extreme hyperpyrexia, and a fatal termination in the majority of cases, are the characteristics of this unusual form of the disease. The duration of this type of the disease is usually from one to three weeks.

(5) Subclinical Type. Subclinical *Brucella* infections have occurred in persons who have been exposed to the infection. Anti-abortus agglutinins have been demonstrated in the serum of such persons in the absence of clinical symptoms or signs of the disease. Carpenter, Boak, and Chapman have submitted convincing evidence that anti-abortus agglutinins develop only when there has been actual invasion of the tissues by living *Brucella* organisms. There is no evidence



that agglutinins are passively absorbed in the intestines from milk containing killed organisms.

In view of the fact that there are no symptoms more or less classical, I would strongly urge that every one complaining of exhaustion, weakness, sweating, and nervousness be considered a case of undulant fever until proven otherwise. It is my opinion that many patients have been diagnosed neurasthenia, chronic malaria, walking typhoid, influenza, and tuberculosis when, if the correct diagnosis had been made, they would have been found to have undulant fever. I am at this point going to read to you a history prepared for me by one of my patients who had evidently had this disease for a number of years and had been treated for nearly everything known to science before the correct diagnosis was made. This history will, I think, prove to you that this disease can simulate almost any disease.

#### AS I REMEMBER MY UNDULANT FEVER EXPERIENCE

There are three dates that stand out prominently in memory of my experience with undulant fever. These dates are: (1) Fall of 1924, when I had a five weeks attack of fever and iritis; (2) Fall of 1931, when I took treatment for undulant fever after a severe attack of "rheumatic fever"; and (3) Fall of 1933, when I was retested for undulant fever and found negative.

Beginning in 1920, I had some kind of fever. It came and went as I treated it with quinine for malaria. Each time I would exercise a little too much or too violently, I would have fever for the next few days. The quinine would always stop the fever, so the doctors diagnosed it malaria although they could find no malaria in any of the many tests made. Sometimes I would go for a week, a month, or even three months without fever, depending on exercise and quinine taken.

In the fall of 1924 I began playing tennis and noted that each time I exercised too much or got too warm, I would have fever. One day I was challenged for a game and played when it was unusually warm. That night I did not sleep; my fever registered about 104 to 104½. I sent for the doctor and he said I had typhoid and malaria. My eyes began to hurt and the most severe case of iritis followed. I was out of school, or at least not able to read, for six weeks. The following summer I was advised to go to Colorado to get rid of malaria; but still they could find no malaria in tests made. Analyses of blood and urine were run for all kinds of diseases but none found. I returned from Colorado much discouraged. Only rest and quinine would stop the fever; nothing would cure it.

As time went on, I became nervous, lost weight, dreamed much, could eat but little that would agree with me, spent most nights unable to sleep, had much rheumatism, and became much depressed. I tried to fool myself that I was all right, but the thermometer showed daily fever.

The fever would come up any time from 10:00 A. M. to 4:00 P. M. and generally subside from midnight to 4:00 A. M. Cold sweats would follow and my temperature go below normal. Hot flashes would alternate with cold flashes. Often I changed night clothes two or more times a night because of sweating. My weight

dropped from 165 to 137. I would feel able to go till I did go, and then I would go down with another spell of fever.

The summer of 1931 I drove to Colorado. I got along very well until the return trip at Hopville, N. M., where we climbed the mesa one afternoon to see an Indian snake dance. We were late, I got very warm changing a flat tire, and my fever ran up to 103 plus. By the time I arrived home (five days later), I was very uncomfortable. I had been watching for all cases paralleling mine, and had concluded I had undulant fever. I called Dr. Dishongh and asked him to run the test. He made two to be sure, and the second was more positive than the first.

I took the Simpson "shots" which Dr. Dishongh administered. Each shot caused me to run a high fever. The fifth one (I believe) nearly put me out. The thermometer showed 105½, so he reduced the amount and I continued till I had taken the recommended amount. The later "shots" were not so severe on me. I began to feel better than I had felt in years.

Two weeks after the last "shot" I took my first duck hunt of the season and carried 15 ducks over a mile. Although I got warm and had exercised more strenuously than any other time in two years, I felt no ill effects. It seemed the magic had worked.

It has now been three years and five months since I took the last shot. I still have some rheumatism, but I do not have the fever when I exercise as I formerly experienced. Formerly I could not take a sweat bath without having fever; now I weigh 169 pounds, can take a bath as hot as I like, and can exercise to my content and never feel any ill effects.

I am thoroughly convinced in my own mind now, that the 1924 case of fever which was diagnosed as typhoid was not typhoid but was undulant fever. The same symptoms and results obtained repeatedly for at least seven or eight years. Furthermore, when I went through the Mayo Clinic and told them of my "typhoid" they said my description of it and their tests did not indicate I had had typhoid as I had reported.

I do not know what I had; but I know how it reacted to treatment; and I also know that I have gained more than 30 pounds since taking the Simpson "shots" for undulant fever, and that I do not have the night sweats nor the recurrent spells of fever.

#### PHYSICAL FINDINGS

It has been my experience that there is nothing characteristic. The laboratory findings so far as the blood picture is concerned show nothing remarkable, a moderate leukopenia with a moderate lowering of the hemoglobin. No white count that I have encountered has been lower than 3,000. The agglutination test is the one that I have depended upon for the diagnosis. There is no disease in my opinion where a closer cooperation between the laboratory and clinician is so absolutely essential as in the case of suspected undulant fever. I remember in two of my cases the laboratory was requested to make three separate tests at intervals of one week before they could report a positive finding. It was interesting to note the change in titer as the disease progressed before treatment was begun.

### DIFFERENTIAL DIAGNOSIS

Undulant fever should always be given a thought when any patient comes to us with symptoms suggestive of any of the following diseases: typhoid fever, paratyphoid fever, pulmonary tuberculosis, malaria, pyogenic septicemia, acute rheumatic fever, subacute bacterial endocarditis, tularemia, influenza, and any other mild or severe febrile condition.

I should like to take this opportunity to plead with every one of you here to always bear in mind that such a disease does exist and many more cases will be added to the already increasing number if you will but look for it. There is no question that the disease is much more prevalent than many of you think.

The time of the appearance of the antiabortus serum agglutinins is varied. They may appear as early as the fifth day but as a rule it requires about two weeks, sometimes not until the fifth or sixth week. There have been numerous cases reported where the agglutinins never did appear in the blood. For all practical purposes diagnostic significance is usually attributed to agglutinins in dilutions of 1:80 or above. However, patients may be seen with symptoms very suggestive of undulant fever with agglutination of 1:10 or 1:20, and as I have mentioned before even fail to show any. Dr. Simpson suggests that in patients with a negative agglutination or where the titer is very low we do a skin test, as he describes it, which is as follows: "The skin test, using an abortus antigen, appears to be of value in differentiating the cases in which the agglutinins are absent or in low titer. This is done by injecting intradermally one-tenth of one cc. of a saline suspension of heat-killed or formalin-killed abortus organisms, adjusted to a standard of two billion organisms per cubic centimeter. We utilize the same suspension for skin testing and for vaccine therapy. A positive test is characterized by the gradual development, usually within twenty-four to forty-eight hours after injection, of an indurated reddish area, usually about 3 to 5 centimeters in diameter. This induration usually persists for many days. The occasional cross agglutination of the *Brucella* and bacterium *Tularense* should always be remembered. This should, if found, be followed by the agglutinin absorption test. Blood cultures, and even the injection of the guinea pig may have to be resorted to.

### TREATMENT

I am going to pass over the question of preventative treatment by saying that it has been demonstrated by able workers Park, Boak, Car-

penter, Zwick, and Wedeman that complete pasteurization 143 to 145 F. for thirty minutes will destroy the *Brucella*. For the protection of the health of persons whose occupations bring them in contact with the infected animal tissues we will have to depend upon education and the institution of precautionary measures.

Numerous ways of treating this disease have been suggested, namely the intravenous injection of different serums, metaphen 1:1000, mercurochrome, and foreign proteins. The treatment that I prefer and the one that I have used in all of my cases has been the vaccine as prepared by Dr. Walter M. Simpson of Dayton, Ohio. His description of the use of the vaccine is as follows: The *Brucella melitensis* (abortus) vaccine standardized to two billion heat-killed or formalin-killed organisms per c.c. is used.

A febrile reaction usually follows the injection of the vaccine accompanied by an increase in the intensity of the symptoms. When the dosage is increased a more marked general reaction frequently occurs; the injection of a like amount of vaccine three days later will ordinarily not produce so marked a reaction. If a second marked febrile reaction should occur, the dosage should be reduced to half of that amount which produced the reaction for at least two injections, after which the dosage may usually be increased without the development of severe reactions. Following the development of a general reaction, the fever usually exhibits a declining trend. The response to vaccine therapy has been best in those patients who have experienced one or two rather severe systemic reactions. The average course of vaccine therapy requires approximately 10 c.c. of the vaccine. Larger doses may be required in the chronic form of the disease.

In my cases I have been able to note a marked improvement before I had finished giving all the vaccine, and within four to six weeks a very marked improvement was noted. None of the cases that I have seen have been disabled for more than six weeks.

### COMPLICATIONS

Kulowski and Vinke of Iowa City report a case of undulant fever spondylitis that was treated surgically. The organism obtained was *Brucella Melitensis*, bovine variety. In 1931 Sanders of Iowa City, Iowa, reported a case of proven meningo-encephalitis due to undulant fever. G. A. Hartley, G. S. Millice, of Battle Creek, Iowa, and Paul H. Jordan of Hartford, Conn., reported a case of meningitis due to the porcine variety of *Brucella*. This case recovered.



# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor  
610 First National Bank Bldg., Fort Smith, Arkansas

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POST-GRADUATE STUDY—Frank Vinsonhaler, Little Rock, Chair-  
man; D. A. Rhinehart, Little Rock, Vice-chairman; Joe F. Shuf-  
field, Little Rock, Secretary; H. A. Stroud, Jonesboro; O. J. T.  
Johnston, Batesville; M. C. John, Stuttgart; E. E. Barlow, Der-  
mott; R. B. Robins, Camden; A. S. Buchanan, Prescott; Euclid  
Smith, Hot Springs National Park; B. L. Robinson, Little Rock;  
S. C. Fulmer, Little Rock; H. W. Hundling, Little Rock; J. H.  
Fowler, Harrison; J. A. Foltz, Fort Smith.

## EDITORIAL

### FELLOWSHIP A PREREQUISITE FOR ATTEND- ANCE AT MEETINGS OF THE AMERI- CAN MEDICAL ASSOCIATION.

Knowing that many members of the Arkansas Medical Society plan to attend the meeting of the American Medical Association in Kansas City, May 11-15, 1936, The Journal is calling attention to the following membership requirements of the American Medical Association as stated by Dr. Olin West, Secretary:

"The members of the American Medical Association are those members in good standing in its constituent state associations whose names are officially reported to this office for enrollment. Members, as such, pay no dues nor are they required to make any contribution of a financial nature to the American Medical Association. All members of the American Medical Association in good standing are eligible to apply for Fellowship. Members who desire to qualify as Fellows are required to make formal application, and all Fellows are required to subscribe to The Journal of the American Medical Association. Fellowship dues and subscription to The Journal are included in the one annual payment of \$7.00, which is the regular subscription price of The Journal. None but Fellows of the Association can serve as members of its official bodies, and none but Fellows and Invited Guests are permitted to register at its annual sessions or to take part in the scientific work of the sections of the Scientific Assembly. Members of the House of Delegates must be Fellows, and none but Fellows are eligible for election as officers of the Association. \* \* \* I think it is well to stress the fact that there is no registration fee for the annual meeting in Kansas City, but that none but Fellows or Invited Guests are eligible to register. Applications for Fellowship may be made at the Registration Bureau if this has been neglected previously but such applicants must present evidence of membership in good standing in a constituent state association."

Elsewhere in this issue is printed a formal application blank which members of the Arkansas Medical Society may use to apply for Fellowship in the American Medical Association at a date in advance of the annual session. This will permit ready registration without formality other than presentation of fellowship card. Members who plan to attend the Kansas City session, and for that matter, all members of the Arkansas Medical Society, are urged to apply for fellowship at this time. Fellowship is financial support

of the policies and activities of the American Medical Association. Arkansas physicians should count it a privilege to so co-operate.

## EDITORIAL COMMENT

### FREE MEDICAL CARE.

It has come to the attention of The Journal that numerous individuals, well able to pay for private medical care and hospitalization, are taking advantage of the apparent liberality in the administration of regulations by Veterans Administration facilities. A member of the University faculty elected to have a tonsillectomy performed at the Fayetteville facility in February. This individual received a salary of approximately \$3,500 for the school year of 1934-35, a figure, we understand, that has been increased for the term of 1935-36. We fail to see wherein this member of the faculty can consistently accept such free medical service. Ample hospital facilities and the services of qualified private practitioners, tax payers, are available in the city of Fayetteville. The Veterans Administration form P-10 (Application for Domiciliary or Hospital Care) carries the statement: "I am (able) (unable) to defray the necessary expenses of hospital or domiciliary care, including transportation to and from a Veterans Administration facility." This statement is completed under oath and we are advised that when the statement is made that the applicant is able to pay for such care, that hospitalization is denied. This appears to be in doubt, however, as the Veterans Administration defines adequate means of support as the receipt of an income of \$50.00 or more per month, but further provides that if the applicant is contributing from this income to the support of a wife, children, mother or father, the income requirement is waived.

In this connection we were interested in the writer's comment in "Servants of the People" appearing in the Arkansas Gazette, March 15th in which experiences at the Army and Navy General Hospital, Hot Springs National Park, were recounted, particular mention being made of the fact that hospitalization cost the writer \$1.35 per day, the editor proudly subscribing by a parenthetical remark that the writer paid these fees and thus inferring that he was not in receipt of free hospitalization and medical care. We pause to contemplate the apparent sad lack of hospital and medical facilities in Little Rock which required this individual to travel away from home to receive proper medical care.

In final comment we call attention to the annual report of the Director, Veterans Administra-

tion, for the past year which states that 66% of the patients receiving care in Veterans Administration facilities were admitted for non-service connected disabilities.

Circulars offering professional malpractice insurance have recently been received by Arkansas physicians from an out-of-the-state concern. Members are reminded that the contract with the Aetna and members of this Society is no doubt the best possible protection and are urged not to consider propositions presented by other concerns without the fullest investigation. In this particular case we can positively state that the protection offered is far less than is desired; certainly it does not approach that which is available from our group carrier.

In accordance with the provisions of the Constitution those members who have not paid their state assessment by April 1st are considered delinquent in membership and are dropped from the rolls of the Society. It is urged that these members promptly see their county society secretary and make payment in order that they may remain in good standing and register at the annual session. This is the last issue of The Journal that will be mailed to members whose assessment has not been received.

## RESOLUTION

Whereas, God in his wisdom has taken from us our fellow member, Doctor Charles S. Crockett, and

Whereas, We, the Benton County Medical Society in session assembled, do hereby authorize and offer the following resolution:

Resolved, That in the untimely death of our beloved colleague, Doctor Charles S. Crockett, we have lost a steadfast member and our neighbor society of Washington County, Arkansas, a loyal supporter and ethical practitioner.

He was born near Ozark, Arkansas, January 16, 1875, the son of Obed and Jane Blankenship Crockett, a pioneer family of Carrollton, Carroll County, Arkansas.

He attended high school in Carrollton and Rally Hill, Arkansas. He attended medical school at Barnes Hospital Medical College in St. Louis, Missouri, also at Little Rock, Arkansas, and Chattanooga, Tennessee.

He was married to Miss Ida Walkins in Eureka Springs, Arkansas, September 25, 1897.

His location and home at the time of death was Lincoln, Arkansas. Surviving him, of his immediate family, were his wife, a son and a daughter.

Be it further resolved, that this resolution be entered upon the records of this society and that the secretary transmit a copy thereof to the family; also that copies be sent to the Journal of the Arkansas Medical Society.

G. A. HUGHES, M. D.

C. S. WILSON, M. D.

GEO. M. LOVE, M. D.



# Preliminary Program and Announcements

## OF THE

SIXTY-FIRST ANNUAL SESSION OF THE

# ARKANSAS MEDICAL SOCIETY

HOT SPRINGS NATIONAL PARK

APRIL 27, 28, 29, 1936

HEADQUARTERS—ARLINGTON HOTEL

### OFFICERS

PRESIDENT—M. E. McCaskill, Little Rock.  
 PRESIDENT-ELECT—Geo. B. Fletcher, Hot Springs.  
 FIRST VICE-PRESIDENT—D. W. Goldstein, Fort Smith.  
 SECOND VICE-PRESIDENT—J. B. Jameson, Camden.  
 THIRD VICE-PRESIDENT—H. W. Hundling, Little Rock.  
 TREASURER—R. J. Calcote, Little Rock.  
 SECRETARY—W. R. Brooksher, Fort Smith.

### COUNCILORS AND COUNCILOR DISTRICTS

FIRST DISTRICT—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph counties. Councilor, H. A. Stroud, Jonesboro. Term of office expires 1937.  
 SECOND DISTRICT—Clebune, Fulton, Independence, Izard, Jackson, Sharp and White counties. Councilor, M. C. Hawkins, Jr., Searcy. Term of office expires 1936.  
 THIRD DISTRICT—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff counties. Councilor, F. A. Corn, Jr. Term of office expires 1937.  
 FOURTH DISTRICT—Ashley, Bradley, Chicot, Cleveland, Drew, Desha, Jefferson and Lincoln counties. Councilor, C. W. Dixon, Gould. Term of office expires 1936.  
 FIFTH DISTRICT—Calhoun, Columbia, Dallas, LaFayette, Ouachita and Union counties. Councilor, L. L. Purifoy, El Dorado. Term of office expires 1937.  
 SIXTH DISTRICT—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier counties. Councilor, Don Smith, Hope. Term of office expires 1936.  
 SEVENTH DISTRICT—Clark, Garland, Grant, Hot Spring, Montgomery, Saline and Scott counties. Councilor, J. M. Proctor, Hot Springs National Park. Term of office expires 1937.  
 EIGHTH DISTRICT—Conway, Faulkner, Johnson, Perry, Pope, Pulaski and Yell counties. Councilor, S. B. Hinkle, Little Rock. Term of office expires 1936.  
 NINTH DISTRICT—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren counties. Councilor, D. L. Owens, Harrison. Term of office expires 1937.  
 TENTH DISTRICT—Benton, Crawford, Franklin, Logan, Madison, Sebastian and Washington counties. Councilor, S. J. Wolfermann, Fort Smith. Term of office expires 1936.

### STANDING COMMITTEES

(Appointments expire with annual session of the year indicated.)

SCIENTIFIC WORK—R. B. Robins, Camden, Chairman (1936); L. L. Purifoy, El Dorado (1937); W. R. Brooksher, Fort Smith (1938).  
 MEDICAL LEGISLATION—Val Parmley, Little Rock, Chairman (1937); M. L. Norwood, Lockesburg (1937); O. L. Williamson, Marianna (1937); H. T. Smith, McGehee (1936); R. L. Smith, Russellville (1936); A. S. Buchanan, Prescott (1938); R. M. Eubanks, Little Rock (1938).  
 HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Little Rock, Chairman (1937); S. W. Douglas, Eudora (1937); B. M. Stevenson, West Memphis (1937); H. K. Carrington, Magnolia (1936); H. A. Stroud, Jonesboro (1936); F. O. Mahony, El Dorado (1938); H. A. Higgins, Little Rock (1938).  
 MEDICAL EDUCATION AND HOSPITALS—Joe F. Shuffield, Little Rock, Chairman (1937); David Levine, El Dorado (1936); R. T. Smith, Little Rock (1938).  
 PUBLIC RELATIONS—D. A. Rhinehart, Little Rock, Chairman (1937); E. E. Barlow, Dermott (1936); Pat Murphy, Little Rock (1938).  
 MEDICAL ECONOMICS—A. C. Shipp, Little Rock, Chairman (1938); I. F. Jones, Fort Smith (1937); R. B. Robins, Camden (1937); Ralph M. Sloan, Jonesboro (1936); D. E. White, El Dorado (1936); M. C. John, Stuttgart (1938); R. M. Blakely, Little Rock (1938).  
 SCIENTIFIC EXHIBIT—H. King Wade, Hot Springs National Park, Chairman (1936); W. E. Gray, Hot Springs National Park (1937); H. Fay H. Jones, Little Rock (1938).  
 AUXILIARY—L. F. Barrier, Little Rock, Chairman (1938); C. S. Holt, Fort Smith (1937); W. T. Wootton, Hot Springs National Park (1936).

### SPECIAL COMMITTEES

NECROLOGY—W. H. Mock, Prairie Grove, Chairman (1938); H. Moulton, Fort Smith (1937); J. M. Lemons, Pine Bluff (1936).  
 CANCER CONTROL—D. W. Goldstein, Fort Smith, Chairman (1937); R. L. Saxon, Little Rock (1936); M. J. Kilbury, Little Rock (1938).

**MATERNAL WELFARE**—E. H. White, Little Rock, Chairman; S. B. Hinkle, Little Rock; J. W. Walker, Fayetteville; O. J. T. Johnston, Batesville; J. O. Rush, Forrest City; P. H. Philips, Ashdown; E. C. McMullen, Pine Bluff; H. C. Dorsey, Fort Smith.

**POST-GRADUATE STUDY**—Frank Vinsonhaler, Little Rock, Chairman; D. A. Rhinehart, Little Rock, Vice-chairman; Joe F. Shuffield, Little Rock, Secretary; H. A. Stroud, Jonesboro; O. J. T. Johnston, Batesville; M. C. John, Stuttgart; E. E. Barlow, Dermott; R. B. Robins, Camden; A. S. Buchanan, Prescott; Euclid Smith, Hot Springs National Park; B. L. Robinson, Little Rock; S. C. Fulmer, Little Rock; H. W. Hundling, Little Rock; J. H. Fowler, Harrison; J. A. Foltz, Fort Smith.

**ARRANGEMENTS**—(Host Society 1936 Session).

**GENERAL CHAIRMAN**—H. King Wade.

**RECEPTION**—O. E. Biggs, J. H. Chestnutt, J. M. Proctor, A. H. Tribble.

**PUBLICITY**—L. R. Ellis.

**FINANCE**—G. A. Hebert, F. J. Scully.

**MEETING PLACES**—W. V. Laws, G. M. Eckel\*, T. E. Sanders, N. B. Burch.

**SCIENTIFIC EXHIBITS**—A. G. Sullivan, E. A. Purdum, W. E. Gray.

**INFORMATION**—H. H. Preston, W. M. Blackshare, W. G. Klugh, Foster Jarrell.

**TRANSPORTATION**—O. J. MacLaughlin, M. F. Lautman, Howell Brewer, C. S. Moss.

**GOLF**—T. N. Black, C. E. Garratt, C. H. Nims, W. F. Porter.

**COMMERCIAL EXHIBITS**—H. King Wade, Louie Martin, H. H. Preston.

**ENTERTAINMENT**—Euclid Smith, F. S. Tarleton, C. H. Lutterloh, O. C. Wenger, Louie Martin, O. H. King.

**LADIES' ENTERTAINMENT**—W. T. Wootton.

## ANNOUNCEMENTS

### REGISTRATION

The registration desk will be located in the Arlington Hotel lobby and will be open from 8:00 a. m. to 5:00 p. m. Delegates are requested to register as early as possible, presenting credentials at time of registering. Members and visitors are also requested to register and receive the official badge and program.

All meetings will be held in the Arlington Hotel.

### MEETINGS OF THE COUNCIL

The Council of the Arkansas Medical Society, including the Past-presidents, will meet at noon each day in a private dining room of the Arlington Hotel immediately following the adjournment of the morning sessions.

### GOLF

The tournament for the Dewell Gann, Jr., cup will be conducted at the Country Club, Tuesday, April 28th. Each player is requested to bring his club handicap with him as the tournament will be played according to these official handicaps. Additional prizes will be offered for second, third and fourth places. All prizes will be awarded at the dinner Tuesday night, April 28th.

### RADIO ADDRESSES

Through the courtesy of radio station KTHS radio addresses will be made by members of the Society on Monday and Tuesday, April 27th and 28th.

\* Deceased.

## ENTERTAINMENT

### PRESIDENT'S NIGHT

Tuesday evening, April 28th, 6:30 p. m.

Club Belvedere.

Chicken Dinner.

Presentation of stunts from various county organizations (Amateur Hour).

### CIVIC CLUB MEETINGS

All meetings at Arlington Hotel.

Civitan—Monday, 6:00 p. m.

Rotary—Wednesday, 12:15 p. m.

Kiwanis—Wednesday, 6:00 p. m.

### ARKANSAS STATE PEDIATRIC ASSOCIATION

The Arkansas State Pediatric Association will be in session at the Arlington Monday, April 27th, 9:00 a. m.

### PAST PRESIDENTS' BREAKFAST

Private dining room, Arlington Hotel, Wednesday, April 29th, 7:30 a. m.

## PROGRAM

### HOUSE OF DELEGATES

First Meeting, Arlington Hotel, April 27, 9:30 a. m.

Meeting called to Order by M. E. McCaskill, President.

Calling Roll of Delegates.

Appointment of Credentials Committee.

Introduction of Fraternal Delegates.

Adoption of Minutes of the Sixtieth Annual Session as published in the June, 1935, issue of The Journal of the Arkansas Medical Society.

Appointment of Reference Committee.

President's Address to the House of Delegates.

## REPORT OF COMMITTEES

**SCIENTIFIC WORK**—R. B. Robins, Chairman.

**MEDICAL LEGISLATION**—Val Parmley, Chairman.

**HEALTH AND PUBLIC INSTRUCTION**—W. B. Grayson, Chairman.

**MEDICAL EDUCATION AND HOSPITALS**—Joe F. Shuffield, Chairman.

**PUBLIC RELATIONS**—D. A. Rhinehart, Chairman.

**MEDICAL ECONOMICS**—A. C. Shipp, Chairman.

**SCIENTIFIC EXHIBIT**—H. King Wade, Chairman.

**NECROLOGY**—W. H. Mock, Chairman.

**CANCER CONTROL**—D. W. Goldstein, Chairman.

**ARRANGEMENTS**—H. King Wade, Chairman.

**MATERNAL WELFARE**—E. H. White, Chairman.

**POST-GRADUATE STUDY**—Frank Vinsonhaler, Chairman.

**AUXILIARY**—L. F. Barrier, Chairman.

**REPORT OF THE COUNCIL**—S. J. Wolfermann, Chairman.

**ADVISORY COMMITTEE TO THE EMERGENCY RELIEF ADMINISTRATION**—M. E. McCaskill, Chairman.

**REPORT OF THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY**—A. S. Buchanan, Secretary.

**REPORT OF DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION**—L. J. Kosminsky.

**REPORT OF FRATERNAL DELEGATES.**



REPORT OF THE TREASURER.

REPORT OF THE SECRETARY.

NEW BUSINESS—Proposed amendment to the By-Laws:

The following amendment was introduced at the 1935 annual session and has been published in the July and November, 1935, issues of The Journal:

To amend Section 6 of Chapter VII which now reads:

"Section 6. In case of a vacancy in the office of delegate, the Council shall have authority to seat any member of that county society in attendance at said meeting as delegate, with full right to perform all the duties of that office."

to read as follows and to become Section 12 of Chapter IV:

"Section 12. In case of vacancy in the office of delegate, the House of Delegates shall have the authority to seat any member of that county society in attendance at said meeting as delegate, with full right to perform all the duties of that office."

SELECTION OF THE NOMINATING COMMITTEE.

## SCIENTIFIC SESSION

MONDAY, APRIL 27, 1:30 P. M.

CALLING THE SOCIETY TO ORDER—M. E. McCaskill, President.

INVOCATION—Rev. Clyde V. Hickerson, First Baptist Church.

ADDRESS OF WELCOME—Hon. Leo P. McLaughlin, Mayor, Hot Springs National Park.

ADDRESS OF WELCOME ON BEHALF OF GARLAND COUNTY MEDICAL SOCIETY—C. S. Moss, President.

RESPONSE ON BEHALF OF THE ARKANSAS MEDICAL SOCIETY—D. W. Goldstein, Fort Smith.

President's Annual Address.

"Changes Confronting Modern Medicine"—R. G. Leland, Director, Bureau of Medical Economics, American Medical Association, Chicago.

"Fundamentals of Goiter Surgery"—W. D. Haggard, Professor of Clinical Surgery, Vanderbilt University School of Medicine; Past-president, American Medical Association, Nashville.

"Using Our New Knowledge of Tuberculosis in Childhood"—J. A. Myers, Professor of Medicine and Preventive Medicine and Public Health, University of Minnesota Medical School, Minneapolis.

"Importance of Physical Examination in the Diagnosis of Pulmonary Disease"—James J. Waring, President, National Tuberculosis Association, Denver.

"Some Practical Thoughts and Suggestions to the General Practitioner on Tuberculosis"—J. D. Riley, State Sanatorium.

"Diphtheria, Our Problem"—F. A. Corn, Jr., Loneko.

## EVENING SESSION

8:00 P. M.

Public Session.

CALLING MEETING TO ORDER—C. S. Moss, President, Garland County Medical Society.

INVOCATION—Dr. Marion Boggs, First Presbyterian Church.

MUSICAL NUMBER—

INTRODUCTION OF DISTINGUISHED GUESTS—M. E. McCaskill, President, Arkansas Medical Society.

"State Managed Medicine"—R. G. Leland, Director, Bureau of Medical Economics, American Medical Association, Chicago.

"What Price Health"—W. D. Haggard, Professor of Clinical Surgery, Vanderbilt University School of Medicine; Past-President, American Medical Association, Nashville.

ADDRESS—Mrs. J. Bonar White, Past-president, Woman's Auxiliary to the Southern Medical Association, Atlanta.

MUSICAL NUMBER—

BENEDICTION—Dr. Charles Collins, St. Luke's Episcopal Church.

The evening public session will be followed by an informal reception and dance in the Arlington Hotel.

## MEMORIAL SESSION

TUESDAY, APRIL 28

CALLING MEETING TO ORDER—M. E. McCaskill, President.

INVOCATION—Dr. Marion Boggs, First Presbyterian Church.

MUSICAL NUMBER—

ADDRESS—

MUSICAL NUMBER—

BENEDICTION—Dr. Marion Boggs, First Presbyterian Church.

## DECEASED MEMBERS

John G. Love, Hartman, July 14, 1935.

Joseph Palmer Sheppard, Little Rock, July 21, 1935.

Harry Herr Smiley, Texarkana, August 20, 1935.

Charles Willis Garrison, Lexington, Kentucky, August 26, 1935.

William W. Jackson, Jonesboro, September 7, 1935.

Morgan Smith, Little Rock, September 14, 1935.

George Mitchell Eckel, Hot Springs National Park, September 17, 1935.

Manley Holland Russell, Star City, October 25, 1935.

Andrew Jackson Clingan, DeQueen, November 29, 1935.

Charles S. Crockett, Lincoln, December 7, 1935.

Patrick P. Boggan, Forrest City, February 3, 1936.

Albert H. Boen, Knoxville, February 5, 1936.

Hugh E. Cureton, Conway, February 14, 1936.

James Madison Muse, Conway, February 25, 1936.

## SCIENTIFIC SESSION

9:00 A. M.

(Section on Ophthalmology and Otolaryngology meets 9:00 a. m.)

"Feeding the Sick Infant"—Horton Casparis, Professor of Pediatrics, Vanderbilt University School of Medicine, Nashville.

"Internal Podalic Version"—Edward Lee Dorsett, Assistant Professor of Gynecology and Obstetrics, Saint Louis University School of Medicine, Saint Louis.

"Retroverted Uterus: What to Do About It"—M. C. Hawkins, Jr., Searcy.

"Some Notes on Blood Dyscrasias"—O. C. Melson, Little Rock.

"Postpartum Atony of the Uterus"—Delmas Kitchens, El Dorado.

"Sex and Endocrines"—I. G. Jones, DeQueen.

## SECTION ON OPHTHALMOLOGY AND OTOLARNGOLOGY

TUESDAY, APRIL 28, 9:00 A. M.

CHAIRMAN—H. Moulton, Fort Smith.

SECRETARY—L. M. Henry, Fort Smith.

Chairman's Address, "Glaucoma: Some of Its Problems"—H. Moulton, Fort Smith.

"Vienna Fifty Years Ago: A Medical Center"—Frank Vinsonhaler, Little Rock.

"My Results With Ionization Treatment in Nasal Allergy"—Virgil L. Payne, Pine Bluff.

"Blastomycosis of the Larynx Complicating Carcinoma"—T. E. Fuller, Texarkana.

"Detachment of the Retina"—Myer Wiener, Professor of Clinical Ophthalmology, Washington University School of Medicine, Saint Louis.

Program to be followed by noon luncheon and round-table discussion.

## SCIENTIFIC SESSION

TUESDAY, APRIL 28, 1:30 P. M.

"Mental Health"—Horton Casparis, Nashville.

"Eclampsia" (Illustrated)—Edward Lee Dorsett, Saint Louis.

"Personal Experiences in the Treatment of Every-day Eye Diseases"—Meyer Wiener, Professor of Clinical Ophthalmology, Washington University School of Medicine, Saint Louis.

"The Rising Mortality in Appendicitis and What Are We to Do About It?"—J. A. Foltz, Fort Smith.

"High Carbohydrate Diet in Diabetes"—Berry Moore, El Dorado.

"X-ray Treatment of Acute Infections"—D. A. Rhinehart, Little Rock.

"Tonsillitis and Hyperthyroidism"—F. J. Scully, Hot Springs National Park.

"The Sedimentation Test in Chronic Arthritis: Its Value as an Aid to Differential Diagnosis and Treatment"—M. F. Lautman, Hot Springs National Park.

## SCIENTIFIC SESSION

WEDNESDAY, APRIL 29, 8:00 A. M.

Program presented by the Staff of the Army and Navy General Hospital, Hot Springs National Park, Colonel W. H. Moncrief, Commanding Officer.

"Chaulmoogra Oil in Treatment of Arthritis"—Capt. Albert H. Robinson, M. C., U. S. A.

"Roentgenologic Aspects of Thoracic Tumors"—Maj. William J. Carroll, M. C., U. S. A.

"Treatment of Chronic Empyema" (Motion picture demonstration)—Maj. Chauncey E. Dovell, M. C., U. S. A.

"Physiological Principles Applied to the Treatment of Fractures" (Illustrated)—Willis C. Campbell, Professor of Orthopedic Surgery, University of Tennessee College of Medicine, Memphis.

"Low Back Pain"—R. A. Milliken, Little Rock.

"The Human Foot"—Joe Shuffield, Little Rock.

"Common Foot Complaints"—F. Walter Carruthers, Little Rock.

"Cyanosis in Infancy"—Sam Phillips, Little Rock.

"Agenesis of Abdominal Muscles in Newborn Infant"—Don Smith, Hope.

"The Present Status of Vaccine and Serum Therapy"—Alan G. Cazort, Little Rock.

## AFTERNOON SESSION

FINAL MEETING OF THE HOUSE OF DELEGATES

APRIL 29, 1:30 P. M.

CALLING MEETING TO ORDER—M. E. McCaskill, President.

ROLL CALL.

REPORT OF NOMINATING COMMITTEE.

ELECTION OF OFFICERS:

President-Elect.

First Vice-President.

Second Vice-President.

Third Vice-President.

Secretary.

Treasurer.

Five Councilors.

Delegate to the A. M. A.

REPORT OF COMMITTEES.

FURTHER NEW BUSINESS.

ADJOURNMENT.

## FINAL GENERAL SESSION

WEDNESDAY AFTERNOON, APRIL 29

(Immediately after adjournment of the House of Delegates)

CALLING MEETING TO ORDER—M. E. McCaskill, President.

UNFINISHED BUSINESS.

REPORT OF THE REFERENCE COMMITTEE.

PRESENTATION OF PRESIDENT GEO. B. FLETCHER.

PRESENTATION OF PRESIDENT-ELECT.

NEW BUSINESS.

SELECTION OF PLACE OF NEXT MEETING.

ADJOURNMENT SINE DIE.



## PROCEEDINGS OF SOCIETIES

The following members of the Pulaski County Medical Society addressed the Sebastian County Medical Society as an exchange program March 10th: W. V. Newman, "Sulfur Treatment of Arthritis"; R. A. Milliken, "Arthrodesis," and H. F. DeWolf, "Etiology and Pathogenesis of Inflammatory Stricture of the Rectum." The scientific program was preceded by a dinner in honor of the visitors.

The Benton County Medical Society was addressed March 12th by C. S. Wilson and G. A. Hughes.

The Ouachita County Medical Society met March 5th at the Camden Hospital, dinner being served by the hospital staff. The program consisted of a debate on socialized medicine by the Camden High School debating team, an enjoyable feature. Other program features were: "The Early Treatment of Acute Poliomyelitis" (motion picture); "Fractures of the Femur," H. A. Durham, Shreveport, and "Auricular Fibrillation," M. D. Hargrove, Shreveport. Dr. Edwin Byrd of Camden was elected to membership.

R. B. Bobins, Secretary.

The Union County Medical Society was addressed March 3rd by Willis Campbell on "Diseases of the Knee Joint" and John Harper, "Varicose Veins."

The Arkansas State Pediatric Association will hold its second annual meeting at the Arlington Hotel, Hot Springs National Park, Monday, April 27th, 9:00 a. m. Speakers will be: "Immunization Problems," W. C. Mitchell, Memphis; "Care of the Newborn for the First Ten Days," R. A. Strong, New Orleans, and "Tuberculosis," Horton Casparis, Nashville.

The St. Francis County Medical Society met in annual dinner session March 13th at Forrest City. Officers were elected as follows: President, C. V. Powell; Vice-president, J. S. Davidson; Secretary-treasurer, J. O. Rush; Delegate, J. A. Bogaert, and Alternate, E. Darnell. The meeting was addressed by M. E. McCaskill and F. A. Corn, Jr.

J. O. RUSH, Secretary.

The Ashley County Medical Society met in the Health Unit Office, March 12th, electing the following officers: M. C. Crandall, Wilmot, President; L. C. Carnes, Hamburg, Vice-president, and A. M. Gibbs, Hamburg, Secretary-treasurer; M. C. Crandall, Wilmot, Delegate. A resolution was introduced by H. E. Cockerham of Portland, and seconded by M. C. Crandall, in regard to obtaining a state charity hospital to be operated in conjunction with the University of Arkansas School of Medicine. This had the unanimous approval of the entire Society. All doctors said they were anxious to enroll and participate in the obstetric course to be conducted, and only regretted that it would not be for a longer period. The Society elected J. W. Simpson as honorary member for life, since he has been paying his dues for the past thirty years.

A. M. GIBBS, Secretary.

The American Association on Mental Deficiency composed of some 500 educators, psychologists, sociologists, and psychiatrists is holding its sixtieth annual meeting at the Hotel Jefferson, St. Louis, Mo., on May 1, 2, 3 and 4. The Friday session will be devoted to General and Sociological aspects of mental deficiency; the Saturday sessions to Psychological and Educational topics with special stress on Educational Disabilities. The Monday sessions will be given over to Research Activities, Medical Aspects and Administrative Problems in mental deficiency.

Everyone interested in the mentally defective or retarded child is cordially invited to attend these sessions. The complete program may be obtained from the Secretary, Dr. Graves B. Smith, Godfrey, Illinois.

## OBITUARY

JAMES MADISON MUSE, aged 68, died February 25th at his home in Conway of pneumonia. Born in Booneville, Mississippi, August 28, 1867, he moved to Arkansas in 1879 and had lived in Conway since 1890. He studied medicine at the University of Arkansas School of Medicine and at Tulane University and had practiced at Conway since 1900. He was a member of the Masonic and Royal Arcanum lodges and of Bendemeer Grotto. Surviving relatives include his wife, four sons and three daughters.

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**PERSONALS AND NEWS ITEMS**

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Val Parmley, Little Rock, has been elected vice-president for Arkansas of the Mid-South Postgraduate Medical Assembly.

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The following officers have been elected by the Sebastian County Red Cross Chapter: F. H. Krock, President; A. F. Hoge, W. G. Eberle, J. A. Foltz and S. J. Wolfermann, Directors.

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BORN—To Dr. and Mrs. Geo. V. Lewis, Little Rock, a daughter, on February 17th. Congratulations!

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H. Moulton, Fort Smith, addressed the Sectional Meeting of the American College of Surgeons in Dallas, March 5th, on "Management of Glaucoma Simplex."

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R. L. Smith addressed the annual meeting of the Russellville Chamber of Commerce February 25th.

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W. B. Grayson addressed the DeWitt P. T. A. March 4th.

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Henry Ritterman, Norphlet, is taking postgraduate work in New York City.

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F. C. Maguire has been elected alderman at Augusta.

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In attendance at the sectional meeting of the American College of Surgeons at Dallas in March were: E. F. Ellis, Fayetteville; W. H. Mock, Prairie Grove; H. Fay H. Jones, S. B. Hinkle, R. M. Eubanks and Joe Shuffield, Little Rock; Preston Hunt, Texarkana; Clyde McNeil, Rogers; Rex Williams, Siloam Springs; J. W. Scales, Pine Bluff; A. S. Buchanan, Prescott; H. Moulton and F. H. Krock, Fort Smith. Officers elected for the Arkansas section were: E. F. Ellis, Chairman; H. Fay H. Jones, Secretary, and W. H. Mock, Councilor.

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Edwin Byrd, formerly of Fordyce, has become associated with R. B. Robins at Camden.

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Dr. and Mrs. J. M. Shephard, El Dorado, celebrated their golden wedding anniversary February 25th.

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John M. Smith, Russellville, has been elected Chairman of the Pope County Crippled Children's Association.

M. J. Kilbury addressed the Medical Arts Club of Little Rock on "The Story of the Kidney" March 5th.

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Roy Millard has been elected a steward of the Dardanelle First Methodist Church.

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A. A. Blair has been elected school director at Fort Smith.

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J. B. Jameson has been elected president of the Camden school board.

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The Pre-Med Club of Arkansas Tech has elected the following Russellville physicians as members of an advisory board: Robert Hood, L. Gardner, L. M. Smith and R. L. Smith.

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H. O. Walker has been elected mayor of Newport.

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D. W. Goldstein addressed the Health Section of the Fort Smith Teachers Club March 7th on "Skin Diseases of Interest to the School Teacher."

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In attendance at the Southeastern Surgical Congress in New Orleans were: J. A. Foltz, Fort Smith; H. Fay H. Jones, H. W. Hundling and Randolph Smith, Little Rock.

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L. J. Kosminsky discussed the address "Physical Therapy in Lower Back Injuries," by Frank H. Walke, New Orleans, at the meeting of the Southern Section, American Congress of Physical Therapy, at New Orleans, March 23rd.

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J. T. Powell has been re-elected a director of the Gravette Community Club.

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**RANDOM THOUGHTS OF THE SECRETARY**

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February 24th. Fount Richardson visits, affording the opportunity for the exchange of many recriminations and much inspiration.

February 25th. The guilds of St. Edwards Mercy Hospital present their annual Mardi Gras ball with many of the profession in attendance. We have one memory: D. W. Goldstein clad in the flowing habiliments of an Arabian sheik.

February 26th. Judge Gallagher of the Fort Smith Municipal Court joins the gallery of the immortals by his press prophecy that socialized medicine will come within a few years. His expressed approval of such a scheme will no doubt revive the disheartened foundations who have fought so eagerly for this achievement.



March 2nd. This "flu" epidemic shows no signs of abatement. In the almost universal applicability of the roentgenray to diagnosis, it appears that there should be a mission for roentgenologists at a time when every other member of the profession is so busy.

March 5th. This day to the 1936 convention city where we confer in detail over annual session plans with King Wade noting that due progress is being made in the arrangements for the members April 27-29th. Somewhat astonished when a retainer of dusky hue brings in a glass of milk for King, which is slowly ingested in apparent great satisfaction. Curiosity almost overcomes our courtesy but we finally dismiss the ceremony as one which King has acquired in common with other great financiers. Certain this was never observed heretofore among urologists, perish the thought! Visiting among others before lunch, T. N. Black, who receives the news that he is in charge of the golf tournament with some surprise but promptly takes the telephone in hand to start proceedings. Euclid Smith, in charge of entertainment, doing his weekly consultation in Little Rock and perhaps wishes his plans kept secret anyway. Wootton in a jovial mood over recognition given the recent publication of a pet theory in the medical journal which enjoys the greatest cover-to-cover reader list in the state of Arkansas. Struck with the holiday appearance of the city, the care-free spirit of those on the streets and the general carnival atmosphere, but we are casually reminded that the band which was playing at the station on our arrival was for another person of considerable fame. Emerging from lunch calling on mine host Chester at the Arlington and are assured that everything in the house is ours when we arrive next month. Thence again making rounds to call on physicians, reminding us that the most dreaded chore in the world must be that of a detail man who arises each morn and contemplates a day of interminable waiting in reception rooms or finding physicians out on a case. Doubtless long ago this class of patient men learned that many of these out-of-office practitioners could easily be found at an adjacent coffee shop or fountain. We become disturbed over the stock reply to our interrogation: "The doctor is out of the office this afternoon" and then softly, "he's out at the track." So eventually deciding we have trod enough in search of conversation with professional brethren, out onto the street, and amazed at the change in the tempo. Everywhere—space and unfilled at that—all cars, all pedestrians missing. We are reminded of the bank holidays of 1933. Resisting any suggestions that we, too, journey to the track—we have followed horses in our day—we visit Wenger, Corley and Fly at the transient camp under the proud guidance of a relative by marriage, a kid brother, who is in charge. Follows inspection of the fever therapy machine and its amazing results in gonorrheal arthritis and we wonder if Hot Springs physicians are aware of this competitor to the healing waters. Corley delights with the story of a client, who, encouraging a fille de joie with lymphogranuloma inguinale, exclaims with relief when he is advised of the situation: "Heck! I thought you had smallpox!" Riding homeward in a bus amused at the radio narrations of Bob Burns of Crawford County.

March 10th. Journeying to Eureka Springs with Wolf-ermann discussing many problems and arriving at mutually satisfactory solutions. Greeting McCaskill, Buchanan, Evans and John in the hotel lobby and accept with alacrity the President's invitation to dinner. A jovial crowd, apparently under the same impression of being guests

of the President, seat themselves and enjoy with unusual unanimity of choice, a good steak. Having suddenly realized the enormity of the financial obligation which he has incurred the President casts about for relief and good Presbyterian elder and Boy Scout Board Member that he is, the first thought is the age-old game of matching coins. Well does he realize that should he eventually lose in this manner, he is no worse off and at least has had a chance to lift the burden to some other shoulder. This illegal and much-condemned vice is resorted to, leaving Wolfermann and the secretary the last two in the game. Sid refuses a chance to divide the liability and the gods smile on us! Truly, we have discovered another trait in our President, whose Scotch ancestry is now evident. Another discovery of the day is that Al Buchanan is the original man "who can take it."

March 11th. It seems that Milliken gave Earle Hunt a short lecture on the sex lives of hippotami at last night's meeting of the Sebastian County Medical Society.

March 12th. Don and Mary Frances and Jim Amis introduce us to a new game, "Michigan." Beginner's luck runs true to form and we garner in a few jitneys for the baby's bank, that is, ours go to the baby. Peggy takes her winnings and a part of ours for purposes with which we are not fully acquainted.

March 13th. This day we discuss roentgenology for a civic club to the amused toleration of Hoge, Amis and Krock. Surrounding our presentation with motion pictures and an actual demonstration, we necessarily limit our conversation to a minimum, prompting some kind members to say "that's the best talk you ever made," a compliment of doubtful ancestry.

## AUXILIARY NEWS

### PRESIDENT'S PRE-CONVENTION MESSAGE

The hostess Auxiliary, Garland County, is planning some very lovely events for your entertainment when the convention meets at Hot Springs next month.

This city is so conveniently located and is especially well prepared for entertaining conventions that a good attendance will be expected.

Mrs. J. Bonar White, Atlanta, Ga., past president of Southern Medical Auxiliary and first vice president of the National Auxiliary, will bring a special message to every one interested in auxiliary work.

A meeting of the executive board will be held Monday, 10 o'clock, April 27th, at the Arlington Hotel. All state officers, chairmen of committees, county presidents, county president-elects and delegates are especially requested to attend. A luncheon follows which all members of the auxiliary will be welcome to attend.

Local committee chairmen will please send reports as early as possible to state chairmen in order to allow time for preparation of annual reports.

Visiting women and wives of physicians in attendance at the state meeting, whether they are members or not of the auxiliary are cordially invited to attend auxiliary meetings.

With very best wishes, I am hoping to meet all the old members and some new ones next month in Hot Springs.

Mrs. Marcus T. Smith, President.

# WOMAN'S AUXILIARY TO THE ARKANSAS MEDICAL SOCIETY TWELFTH ANNUAL MEETING

APRIL 27, 28, 29, 1936

HOT SPRINGS, ARKANSAS

HEADQUARTERS: ARLINGTON HOTEL

## OFFICERS

PRESIDENT—Mrs. Marcus T. Smith, Conway.  
PRESIDENT-ELECT—Mrs. J. T. McLain, Gurdon.  
FIRST VICE-PRESIDENT—Mrs. Pierre Redman, Ft. Smith.  
SECOND VICE-PRESIDENT—Mrs. Curtis Jones, Benton.  
THIRD VICE-PRESIDENT—Mrs. H. E. Murry, Texarkana.  
FOURTH VICE-PRESIDENT—Mrs. A. L. Carter, Berryville.  
SECRETARY—Mrs. B. A. Rhinehart, Little Rock.  
TREASURER—Mrs. B. A. Bennett, Little Rock.  
PUBLICITY SECRETARY—Mrs. D. W. Goldstein, Ft. Smith.  
PARLIAMENTARIAN—Mrs. S. A. Collom, Texarkana.  
HISTORIAN—Mrs. C. W. Garrison, Little Rock.

## COUNCILORS

Mrs. Wm. Hibbitts, Texarkana.  
Mrs. B. A. Rhinehart, Little Rock.  
Mrs. P. H. Phillips, Ashdown.  
Mrs. Wm. R. Brooksher, Ft. Smith.  
Mrs. Chas. E. Oates, Little Rock.

## ADVISORY BOARD

Dr. L. F. Barrier, Little Rock.  
Dr. C. S. Holt, Ft. Smith.  
Dr. W. T. Wootton, Hot Springs National Park.

## DISTRICT COUNCILOR WOMEN

1st—Mrs. T. C. Neese, Walnut Ridge.  
2nd—Mrs. O. J. T. Johnson, Batesville.  
3rd—Mrs. Austin F. Barr, Cherry Valley.  
4th—Mrs. Chas. W. Dixon, Gould.  
5th—Mrs. L. L. Purifoy, El Dorado.  
6th—Mrs. P. H. Phillips, Ashdown.  
7th—Mrs. C. E. Garratt, Hot Springs.  
8th—Mrs. J. B. Crawford, Little Rock.  
9th—Mrs. A. L. Carter, Berryville.  
10th—Mrs. J. E. Stevenson, Ft. Smith.

## COMMITTEE CHAIRMEN—1935-36

ORGANIZATION—Mrs. Pierre Redman, Ft. Smith.  
EDUCATION AND PUBLIC HEALTH—Mrs. Curtis Jones, Benton.  
ILSE F. OATES STUDENT LOAN FUND—Mrs. Chas. E. Oates, Little Rock.  
PUBLIC RELATIONS—Mrs. H. E. Murry, Texarkana.

HYGEIA—Mrs. A. L. Carter, Berryville.  
CONSTITUTION AND BY-LAWS—Mrs. G. D. Murphy, El Dorado.  
MEMORIAL—Mrs. R. C. Kory, Little Rock.  
FINANCE—Mrs. Anderson Watkins, Little Rock.  
EXHIBITS—Mrs. George B. Fletcher, Hot Springs.  
PHYSICAL HEALTH EXAMINATIONS—Mrs. C. E. Kitchens, De Queen.  
ARCHIVES—Mrs. C. T. Porter, Hazen.  
RESEARCH—Mrs. Wm. Hibbitts, Texarkana.

## LOCAL COMMITTEE CHAIRMEN

GENERAL CHAIRMAN—Mrs. J. M. Proctor.  
ENTERTAINMENT—Mrs. C. E. Garratt.  
PUBLICITY—Mrs. George B. Fletcher.  
REGISTRATION AND CREDENTIALS—Mrs. G. A. Herbert.

## PROGRAM

MONDAY, APRIL 27, 1936

Arlington Hotel

9:00 A. M.—REGISTRATION.  
11:00 A. M.—EXECUTIVE BOARD MEETING.  
Mrs. Marcus T. Smith, President, presiding.  
12:00 M.—EXECUTIVE BOARD LUNCHEON (County President's Luncheon).  
2:00 P. M.—GENERAL SESSION.  
CALL TO ORDER—Mrs. W. T. Wootton, President Garland County Auxiliary.  
INVOCATION—Rev. Marion Boggs, First Presbyterian Church.  
ADDRESS OF WELCOME—Mrs. C. T. Drennen, Hot Springs.  
INTRODUCTION OF STATE PRESIDENT—Mrs. Marcus T. Smith, Conway.  
RESPONSE TO ADDRESS OF WELCOME—Mrs. R. C. Kory, Little Rock.  
INTRODUCTION OF HONOR GUESTS.  
ANNOUNCEMENT OF SPECIAL COMMITTEES.  
REPORT OF A. M. A. MEETING—Mrs. L. J. Kosminsky, Texarkana.  
REPORT OF S. M. A. MEETING—Mrs. P. H. Phillips, Ashdown.  
REPORTS OF OFFICERS.  
REPORTS OF COMMITTEE CHAIRMEN.  
REPORT OF ENTERTAINMENT COMMITTEE.  
REPORT OF REGISTRATION COMMITTEE.

4:00-6:00 P. M. TEA—Residence of Mrs. F. J. Scully.

## MONDAY EVENING

Ball Room, Arlington Hotel

Open Meeting with the Arkansas Medical Society, followed by an informal reception.



TUESDAY, APRIL 28, 1936

8:00 A. M.

**Memorial Service**

Joint session with the Arkansas Medical Society.

Mrs. R. C. Kory, Little Rock,  
Chairman Memorial Committee.**DECEASED MEMBERS**

Mrs. Hattie Curlee Morrow—Mountain Home.

**GENERAL SESSION**

TUESDAY, APRIL 28

Ladies' Parlor, Arlington Hotel

9:30 A. M.—CALL TO ORDER—Mrs. Marcus T. Smith.

INVOCATION—Rev. Chas. Collins, Episcopal Church.

READING OF MINUTES.

ADDRESS—Dr. M. E. McCaskill, Little Rock, President Arkansas Medical Society.

ROLL CALL AND REPORT OF COUNTY PRESIDENTS.

PRESIDENT'S REPORT.

REPORT OF REGISTRATION COMMITTEE.

REPORT OF NOMINATING COMMITTEE.

ELECTION OF OFFICERS.

12:30 P. M.—LUNCHEON. (Tickets \$1.00)

TOASTMISTRESS—Mrs. W. Turner Wootton.

INTRODUCTION OF VISITORS.

INTRODUCTION OF PAST PRESIDENTS.

ADDRESS—Mrs. J. Bonar White, Atlanta, Ga., Vice-President A. M. A., Ex-Presi-

dent S. M. A. and Georgia State Medical Auxiliary.

REPORT OF RESOLUTIONS COMMITTEE.

INSTALLATION OF OFFICERS.

ADDRESS OF INCOMING PRESIDENT—Mrs. T. J. McLain, Gurdon.

3:30 P. M.—POST-CONVENTION BOARD MEETING—Mrs. T. J. McLain, Presiding.

**EVENING SESSION**

TUESDAY, APRIL 28

PRESIDENT'S NIGHT—Belvedere Club—Chicken Dinner. Presentation of stunts by various county organizations. (Amateur Hour.)

WEDNESDAY, APRIL 29

10:00 A. M.—GOLF TOURNAMENT.

DRIVE OVER THE CITY.

**COUNTY PRESIDENTS—1935-36**

Arkansas—Mrs. Homer Dickens, DeWitt.

Clark-Hempstead-Nevada—Mrs. D. A. Dickerson, Gurdon.

Cross—Mrs. Austin F. Barr, Cherry Valley.

Faulkner—Mrs. L. S. Dunaway, Jr., Conway.

Garland—Mrs. W. T. Wootton, Hot Springs.

Independence—Mrs. Victoria Saylor, Batesville.

Johnson—Mrs. E. H. Hunt, Clarksville.

Lonoke-Prairie—Mrs. E. A. Callahan, Carlisle.

Ouachita—Mrs. J. S. Rinehart, Camden.

Miller—Mrs. S. A. Collom, Jr., Texarkana.

Lawrence—Mrs. J. C. Land, Walnut Ridge.

Pulaski—Mrs. B. A. Rhinehart, Little Rock.

Saline—Mrs. E. A. Buckley, Bauxite.

Sebastian—Mrs. Pierre Redman, Ft. Smith.

Sevier—Mrs. C. E. Kitchens, DeQueen.

Washington—Mrs. Loyce Hathcock, Fayetteville.

Ninth Councillor District—Mrs. W. H. Poynor, Harrison.

Crittenden—Mrs. J. H. Matthews, Earle.

Union—Mrs. J. B. Wharton, El Dorado.

Southeast Arkansas Medical Society Auxiliary—Mrs. E. E. Barlow, Dermott.

## *Loyalty*

If you work in a profession, in Heaven's name work for it. If you live by a profession, life for it. Help advance your co-worker. Respect the great power that protects you, that surrounds you with the advantages of organization, and that makes it possible for you to achieve results. Speak well for it. Stand for it. Stand for its professional supremacy. If you must obstruct or decry those who strive to help, why—quit the profession. But as long as you are a part of a profession, do not belittle it. If you do you are loosening the tendrils that hold you to it, and with the first high wind that comes along you will be uprooted and blown away and probably you will never know why.

CHARLES G. DAWES,

Former Vice President of the United States.

## BOOK REVIEWS

**The National Formulary.** Sixth Edition. Prepared by the Committee on National Formulary by authority of the American Pharmaceutical Association. Official from June 1, 1936. Cloth, 556 pages. Washington, D. C. American Pharmaceutical Association, 1935.

This is the sixth decennial revision of the National Formulary, containing 689 preparations and drugs not admitted to the Pharmacopeia. Glandular products have been admitted for the first time. In order to list practical and useful preparations, a survey was made of over 100,000 prescriptions written in different geographical sections; articles to be admitted were shown kept in twenty per cent of the drug stores or appeared in one of every 10,000 prescriptions. No medicines are included whose composition or manner of manufacture is secret or which bear proprietary or trade-marked names. Primarily a book for pharmacists, it is an useful volume for physicians, particularly for the stimulation in proper prescription writing.

**Medical Mycology.** By Carroll William Dodge, Ph. D., Mycologist, Missouri Botanical Garden; Professor, Henry Shaw School of Botany, Washington University, Saint Louis. Illustrated. Pp. 900. Price \$10.00. Saint Louis, C. V. Mosby Company, 1936.

An excellent volume for those interested in the fungous diseases of men and other mammals. Not only the cultural and morphological characteristics of the organisms are given but the pathogenicity. It contains a most complete bibliography and reference to this book would be an aid in identification and classification of the pathogenic fungi. This volume will surely be to the field of Mycology what Bergey's Manual of Determinative Bacteriology has been to Bacteriology.

**A Textbook of Roentgenology.** The Roentgen Ray in Diagnosis and Treatment. By Bede J. Michael Harrison, M. B., Ch. M., D. M. R. E. (Cantab), F. A. C. R., Director of Department of Roentgenology, Vancouver General Hospital. Pp. 826. Illustrated. Price \$10.00. Baltimore: William Wood and Company, 1936.

The work is most comprehensive and uniquely presents the necessity of a thorough preparation in clinical medicine before attempting the interpretation of roentgenological examinations. The possibilities and advantages of the roentgen-ray in diagnosis and treatment are adequately covered. This volume does more to correlate clinical medicine and roentgenology than any other published work on roentgenology.

**The Pharmacopoeia of the United States of America.** Eleventh Decennial Revision. Prepared by the Committee of Revision and Published by the Board of Trustees. Official from June 1, 1936. Easton, Pennsylvania: Mack Printing Company, 1936.

The new pharmacopoeia contains 586 titles of which over 430 have approved therapeutic usefulness and the remainder are pharmaceutical necessities which require standardization. Of the 131 pharmaceutical admissions, the majority can be prepared in the average drug store. New spelling, "sulfur" and "sulfate," is presented for the first time. The general plan of revision has become well known and is followed in this edition. New International Standards, as Vitamin A and D, have been adopted and there has been a co-operative effort to harmonize titles with the British Pharmacopoeia.

**Immunology.** By Noble Price Sherwood, Ph. D., M. D., Professor of Bacteriology, University of Kansas, and Pathologist to the Lawrence Memorial Hospital, Lawrence, Kansas. Pp. 608. 27 illustrations. 8 color plates. Price \$6.00. Saint Louis: C. V. Mosby Company, 1935.

The author has nicely correlated the fundamental teaching of physiology, pharmacology, organic, biological and physical chemistry, anatomy and pathology to infection, resistance and diagnostic procedure. This book is well illustrated and should make an excellent text for the student and a ready reference for the physician. Although the subject matter is too condensed, many references and supplementary references at the end of chapters are given for those who wish to receive more detailed information. A library without this volume would not be complete.

**The Treatment of Diabetes Mellitus.** By Elliot P. Joslin, M. A., M. D., Medical Director, George P. Baker Clinic, New England Deaconess Hospital; Clinical Professor of Medicine, Harvard Medical School; Consulting Physician, Boston City Hospital. Fifth edition. Pp. 620. Illustrated. Price \$6.00. Philadelphia: Lea and Febiger, 1935.

This work is a comprehensive discussion of the entire subject of diabetes mellitus, with an especially valuable commentary on methods and modes of treatment. Easily read, the book should be studied by every physician who cares for patients afflicted with this disease. It is well suited for the general practitioner. The serious study of this book is the equivalent of a post-graduate course on diabetes mellitus.

**Law and Contemporary Problems.** (Vol. 11, No. 4, Expert Testimony). Pp. 126. Price, sixty cents. Durham, North Carolina: School of Law, Duke University.

The subject is covered in a manner most interesting to the physician who may be called upon to give expert testimony in our courts. Of particular value are the articles, "Medical Testimony in Personal Injury Cases" and "The Compensation of the Expert Witness." In the former the authors advocate drastic remedies in our present court procedure, quite likely of merit. The latter article discusses in detail the provisions of the laws of various states calling for the appearance of the physician as an expert witness with or without additional compensation as such. This publication may be read with profit by all physicians.

**Infant Nutrition.** By Williams McKim Marriott, B. S., M. D., Professor of Pediatrics, Washington University School of Medicine; Physician-in-Chief, St. Louis Children's Hospital. Second edition. Pp. 434, with 26 illustrations. Price, \$4.50. Saint Louis: C. V. Mosby Company, 1935.

This volume is a complete revision of the edition of five years ago, much new material being added to this popular work. A rearrangement permits elimination of much subject matter more properly belonging to standard texts on pediatrics. A chapter on allergy has been added and the newer facts concerning vitamins are given. The simpler feeding formulas are stressed. The author states: "The final test of the adequacy of the diet is the response on the part of the infant," surely wholesome teaching in the matter of infant feeding. The common nutritional diseases are fully discussed. This is a book for all who attempt the feeding of infants.



Current Legal Thought (Medical Jurisprudence Number). Pp. 150. Price \$1.50. New York: Current Legal Thought, Inc., 1935.

This is a special number comprehending a survey in abstract form of the more important contributions to this

subject during the past two years. This work will serve as an instructive guide to the law governing doctors and their practice and also emphasizes the many phases of law administration, to the enlightened and successful prosecution of which an intelligent understanding of the medical sciences is indispensable.

HAROLD G. F. EDWARDS, M. D., F. A. C. P.

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The diagnosis of CANCER has reached a stage of development in which a biopsy must be employed in a large percentage of cases to confirm the clinical findings. Three methods of treating CANCER are recognized—RADIUM, X-RAYS and SURGERY. The method or combination of methods to be selected after study of the case. Knowledge of all three is necessary in order that the patient receive the best attention.

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GEORGE B. FLETCHER, M. D., F. A. C. P.,  
Hot Springs National Park  
President, Arkansas Medical Society  
1936-1937

# THE JOURNAL

## of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXII

LITTLE ROCK, ARKANSAS, MAY, 1936

No. 12

### INDICATIONS FOR SPINAL PUNCTURE\*†

W. A. JONES, M. D.,  
Veterans' Administration Facility,  
Fayetteville.

In this type of paper I have not attempted to include all the indications for spinal puncture, but merely to call attention to the more common indications which confront us from day to day and which, I believe will pay the physician manifold for his trouble in performing a spinal puncture.

A spinal fluid examination frequently reveals valuable information, especially in neuropsychiatric conditions. Like any other diagnostic procedure, it should not be performed promiscuously. The procedure is relatively simple with little danger if a regime is carefully followed. It can be made as painless as a venous puncture. In over one thousand spinal punctures, I have had no bad results.

The procedure I follow is:

1. Careful mental and neurological examination.
2. The patient is placed in a lateral position. If there is a tumor in the posterior fossa it lessens the possibility of a herniation of the medulla in the foramen magnum.
3. Local anesthesia 1% to anesthetize the skin and deeper structures.
4. If there is any suspicion of intra-cranial neoplasm, an eye ground study is made.
5. Stereo of the skull is made if neurological findings are indicative of an intracranial neoplasm.
6. The rate of flow of spinal fluid from the needle is not over thirty drops per minute.
7. Immediately following the spinal puncture the patient is placed in bed. The patient remains in bed for twenty-four to forty-eight hours, depending upon whether or not there is any indication of irritation of the meninges, character-

ized by headache, nausea, vomiting, pain and stiffness in the back of the neck. I believe, that the headache is probably produced by the sudden and rapid withdrawal of fluid which produces a disturbance in the hydrodynamic equilibrium of the cerebrospinal fluid. The only way to determine the pressure is by a manometer. High pressure may appear as normal in its flow from the needle, due to the fact that a nerve may lodge against the end of the needle.

The following are the more common indications for spinal puncture:

Any acute infectious diseases of the central nervous system, such as encephalitis, poliomyelitis and different types of meningitis.

The spinal fluid findings in an acute meningitis are: increased pressure, cell count varies from a few to several thousand, appearance is dependent upon the stage of infection; at first it is clear, later becomes cloudy. Polymorphonuclear leukocyte is the predominating cell, sugar is decreased.

In encephalitis the findings are: fluid appearance is clear, pressure may be normal or moderately increased, small lymphocytes predominate. Cell count may be normal, proteins numerous, slightly increased.

In poliomyelitis the fluid is clear, pressure normal or slightly increased, protein is increased, sugar normal or increased, appearance clear, cells as a rule are lymphocytes, but in early stages polymorphonuclears may predominate.

In brain abscess, one should be more careful in doing a spinal puncture because if the abscess is not well localized, one is liable to produce rupture, terminating in a generalized meningitis. Pressure is always high, protein slightly increased, sugar is normal, cells increased.

In tubercular meningitis the appearance of the fluid depends upon the stage of the infection. It may be that of ground glass or xanthochromia. As a rule, on placing it in a test tube rack and letting it set awhile, a delicate weblike clot will form. Cells are from a few to several hundred. Lymphocytes dominate. Protein is always in-

\* Read before the Tenth Councilor District Medical Society, Fayetteville, September 12, 1935.

† Published with the permission of the Medical Director, Veterans Administration, who is not responsible for any of the opinions expressed herein.



creased. Sugar is decreased and chlorides are decreased. Pressure is high.

In brain tumors, a spinal puncture will often give definite data. Cell count is normal, pressure is increased depending upon the location of the tumor and the amount of obstruction in circulation. Appearance of spinal fluid is clear.

In comatose conditions a spinal puncture is indicated and will often reveal valuable information as the patient may have some form of intracranial insult, such as spontaneous subarachnoid hemorrhage or acute infectious disease.

Subarachnoid hemorrhage findings: appearance of fluid will depend upon length of time elapsing between injury and time spinal puncture is performed. Relatively early, the fluid is uniform admixture, will not clot on standing and there is coloration of fluid when cells have settled to the bottom and pressure is always increased.

Hypertension oftentimes will present a picture of choked disc and with neurological examination and spinal puncture, one should be able to rule out intracranial neoplasm. Puncture is often valuable as a therapeutic measure in hypertension as patients complain of vertigo, headaches and irritability and of being emotionally unstable. By doing repeated lumbar punctures and draining approximately 15 cc. at a time, these symptoms are often relieved for a long period. This, however, is only palliative therapy.

Neurosyphilis is sometimes extremely easy to diagnose, but at other times it may be difficult as it may simulate such disorders as hysteria or neurasthenia. It is imperative that one know the type of neurosyphilis before the therapy is instituted.

Every case of syphilis of over a year's duration should have a spinal puncture, because cellular changes in spinal fluid often antedate all neurological findings. Then, too, it has been proven a change in cell counts occurs from twelve to twenty weeks after the initial infection.

A differential cell count will aid in the prognosis as a relative high polymorphonuclear cell count usually indicates a poor outlook for improvement under therapy. In latent syphilis where the patient has received some therapy, he will often have a negative blood Wasserman, but show positive spinal fluid findings. The cell count varies with the type of neurosyphilis. In parenchymal syphilis, cell count is ten to fifty, lymphocytes predominating, protein increased depend-

ing upon the degree of destruction of the brain tissue, appearance clear, pressure subnormal to moderately increased. In meningovascular syphilis cells vary from fifty to several hundred, lymphocytes the predominating cell, globulin dependent upon the number of cells, appearance clear, pressure normal or increased, sugar varies with type of neurosyphilis, chlorides show no appreciable change.

In persistent headaches associated with a psychoneurotic syndrome, patients are often benefited by spinal puncture. As a rule, there is a moderate increase in the spinal fluid pressure around ten to twelve millimeters, the fluid is clear and the cell count normal.

In lesions of the spinal cord, especially in traumatic lesions of the cord, the procedure is of value to determine if there is a block in the spinal fluid. It will reveal valuable information with regard to tumors of the spinal cord and inflammatory and degenerative lesions of the cord. The etiology of sciatic neuritis may be found by performing a spinal puncture.

In the newborn, if there is evidence of intracranial disturbance, a spinal puncture should be performed to see if there is evidence of hemorrhage or cerebral edema due to trauma.

In chronic alcoholics with evidence of delirium tremens, there is increased intracranial pressure and quite a few of the symptoms will be relieved by repeated spinal punctures.

In traumas to the cranium oftentimes just a minor injury will produce marked disturbance in the hydrodynamic equilibrium of the cerebrospinal fluid. It is a well known fact that edema existing for any length of time will produce definite damage to the brain tissue. It is necessary, therefore, with evidence of increased pressure following trauma to the cranium, that spinal puncture be performed for its relief.

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### COMING MEDICAL MEETINGS.

First Councilor District Medical Society, Tyrone, May 7th.

American Medical Association, Kansas City, May 11-15th.

American Academy of Pediatrics, Kansas City, May 11-12th.

• Southeast Arkansas Medical Society, Dumas, May 18th.

Ninth Councilor District Medical Society, Eureka Springs, June 2nd.

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The American Association for the Study and Control of Rheumatic Diseases is holding its fifth conference on rheumatic diseases at the Phillips Hotel, 3rd floor, on May 11th at 9 o'clock in Kansas City.

## HYSTERIA IN GENERAL PRACTICE

F. P. HARDY, M. D.,  
Searcy.

When one turns to the present day text books for information upon this subject he generally finds but a couple of pages devoted to it. In the preparation of this paper I have consulted the old writers finding that they give much more clear description of hysteria than do the modern writers. Cecil says that no accurate definition can be given for a disorder so protean in character. He states that hysteria is a psychoneurosis founded upon a basis of low vitality characterized by general psychic weakness with a susceptibility to auto-suggestion. Other definitions one may find are so vague and unsatisfactory that I shall give my own definition, which I flatter myself by saying, that however crude it may be, it hits the spot. Hysteria is a psychoneurosis founded upon nothing, met with chiefly in, but by no means confined to, females, characterized by the ability to raise more disturbance in a shorter length of time than can any other animal on earth.

Hysteria was known to the ancients who thought it to be connected with the uterus, hence they named it hysteria. One may find references to it all through history, the first instance no doubt being old mother Eve with her fantastic tale of the conversation she had with the serpent.

In medical college I in some way gained the impression that hysteria was common in foreign countries, but uncommon in this country. I now know it to be extremely common in Arkansas, so frequently have I met with it that I have said, and I now repeat, that I do not believe that there ever was a woman that at some time in her life did not have it in some degree. I wish to warn those who have not been long in the practice of medicine to be constantly on the lookout for hysteria, many times this will solve your puzzling diagnostic problems. You will often find hysteria where you least expect it.

To the general practitioner, hysteria is important because it is so aggravating, decidedly so. Hysterical patients possess the uncanny ability to pull off their spells invariably at inopportune times for the doctor. From the standpoint of economics, hysteria is important, for many a poor devil's nose has been kept at the grind stone by an hysterical wife constantly trying different doctors, patent medicines, etc. From the standpoint of the patient, many a beautiful young girl's life has been blighted by hysteria.

I sometimes wonder if they do not find some compensation for this in a morbid pleasure they get from the attention they attract in their spells.

Present day writers are inclined to believe that hysteria is due to some disorder of metabolism of the nervous system, such as underlies neurasthenia. It is very common in early life, at puberty and adolescence. Heredity no doubt plays its part in the etiology. In my opinion, the cause of hysteria will some day be found in some form of glandular disfunction.

I have said that hysteria is found chiefly in females, but I wish to point out that it is very commonly met with in males. The chief forms I wish to mention are: first, hysteria in the individual, and, second, hysteria of the mobs of masses. We can find numerous instances of hysteria of the masses in history; for instance, the crusaders of old, the spread of witchcraft, the pandemic of hysteria of 1929, which made the scarcely less hysterical New Deal absolutely necessary. We are even now in the small ripples from the great tidal wave of hysteria; examples of which we see in the scheme of a certain California doctor, the present wave of attempts at medical insurance, insurance for hospitalization, state medicine and other wild schemes threatening the very existence of our noble profession, are all no doubt hysterical.

We have considered hysteria in the mobs or masses. Cecil divides hysteria in the individual into a minor and major type, saying that the major type is very uncommon, but in this I think he is very much mistaken. In the minor form convulsions are not seen, but the different varieties of paralysis are simulated. These conditions are due to fixed ideas, that is, the patient thinks he cannot move one of his limbs, therefore he can not. The writers say that as soon as he is persuaded that he can move the limb he can do so. But I say you will have a most difficult time persuading him. The paralysis comes on gradually and last usually a day or two but may last a year. In minor hysteria spots of anesthesia are found, which the patient does not know are present until they are pointed out to him. Contractions of a limb are common. These contractions sometimes subside during sleep and always during a general anesthesia. Astasia abasia is a type in which the patient is unable to stand or walk, but while lying in bed can move every muscle. Other symptoms may be hysterical aphonia, blindness, deafness, dyspnoea, vomiting, phantom tumors, sometimes simulating pregnancy; in fact the symptoms of hysteria are le-



gion and may simulate any organic disease. The common feature of hysteria is a craving for sympathy or attention which may lead to any kind of deception, such as putting milk in the urine, or small pebbles; they may irritate the skin to simulate cutaneous disease; the writing of anonymous letters; they may trick relatives into believing the house is haunted, all from a desire to occupy the center of the stage of attraction.

Symptoms in the major form are somnambulism, ambulatory automatism, prolonged sleep, prolonged singultus, double personalities and hystero-epilepsy with opisthotonos, cataleptic poses and marked convulsions. These forms are said to be rare, but I find them common in Arkansas. Laughing and crying spells are common. Most writers say that in hysteria the patient never falls in such a way as to injure himself and in all his actions is careful to do himself no harm. There is apparent, but not actual loss of consciousness.

Diagnosis of minor hysteria may be very difficult, but usually painstaking investigation will uncover the pretense or fraud on the part of the patient. Diagnosis of major hysteria is generally easy. Upon being called to see a patient and finding her in bed, great excitement in the room, at least one woman rubbing each of the patient's hands, another holding a bottle of camphor to her nose, the patient emitting moans and groans that might well issue from the bottomless pits, the thumbs flexed across the palms, the eyes rolling around; gentlemen, your diagnosis is clinched for you.

Hysteria is generally chronic. A very few cases are cured by suggestion. Many young girls are cured by marriage, but how could a conscientious physician recommend marriage, when the possibilities for the husband are considered. It is this uncertainty of prognosis that inspired the writing of this paper. I am hoping that something can be said or done that will stimulate the scientific world to study hysteria and to give us poor general practitioners a true remedy for hysteria.

The treatment of hysteria may be divided into the treatment of the attack and the interval treatment. In the intervals treatment is always unsatisfactory, the patient doing fine for a short time on any new form of medication, proving its value to be due only to suggestion. Cecil warns us to be careful not to fall a victim to the attempted use of psychoanalysis or to the removal of foci of infection.

Treatment of the attack. I do not suppose

there was ever a young physician just starting in practice who did not have some old doctor say to him, "Now the first case of hysterics you have just give them a large dose of ipecac or an hypodermic of apomorphine, they cannot vomit and have hysterics too." But, gentlemen, I have tried both and had the patient vomit, then rest a few minutes and go right on with the attack. Of course one will often be forced to use morphine, which I admit is bad practice and should not be used. Inhalation of amyl nitrite has failed in my hands as have all the other recommended remedies.

In conclusion I will say that many great discoveries have been made both in medicine and surgery, for which I am thankful and I honor the ones making these discoveries, but the man who finds a cure for hysteria, will earn my undying gratitude and I will say God speed the day of that discovery.

#### FROM THE FRANKLIN COUNTY CORRESPONDENT.

Ozark, April 16.

Franklin County Medical Society had a meeting last night. Dr. W. F. Akin of Branch drove over in a Ford V-8 pickup demonstrating a way out of the depression for the country doctor. He uses the pickup in making visits and when they offer a calf or a pig he simply loads the animal on and drives home feeling satisfied. Some system? I made an eleven mile visit yesterday and got a piece of side meat. Anyway, we are looking up and not down.

We discussed medical economics—how to reduce the large amount of free service, circumscribe the dead-beats—rather sore spots with all except the dentist who makes 'em pay cash and so has an income which makes the others green with envy. We talked about the inevitability of state medicine which makes all of us groan.

We had some case reports, including that reported by Dr. Porter, of a man bitten on the glans penis by a black widow with severe general symptoms. Others had seen cases of merry widow infections in the same region but with different symptoms.

All of us are going to Hot Springs if we have time, enough money and baby cases are not too pressing.

It is well that \* \* \* are advertising in The Journal again. They'd better. I have paid that concern ten dollars a month for a year and still owe them over a hundred but I keep on buying.

Yours very truly,

THOS. DOUGLAS.

# THE JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published  
under direction of the Council

DR. W. R. BROOKSHER, Editor

610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules  
of the Council on Pharmacy and Chemistry of the American  
Medical Association.

All communications to this Journal must be made to it exclu-  
sively. Communications and items of general interest to the pro-  
fession are invited from all over the State. Notice of deaths,  
removals from the State, changes of location, etc., are requested.

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## EDITORIAL

### OUR PRESIDENT.

George B. Fletcher, installed as the sixty-first President of the Arkansas Medical Society April 29th, was born at Lonoke, April 7th, 1888, and received his preliminary education in the schools of that city. He entered the University of Arkansas in 1906 for two years of pre-medical study and graduated from the School of Medicine in 1912. Choosing his specialty early in his professional career, he became staff physician at the State Hospital for Nervous Diseases in 1912, an appointment which he retained until 1915 except for a leave of absence during 1914 when he held a clinical clerkship under E. Farquhar Buzzard, Gordon Holmes and Kennier Wilson at the National Hospital for Paralyzed and Epileptics, Queens Square, London. During this period he also studied under Sir James Purves Stewart. With the outbreak of hostilities in 1917, he joined the regular army medical corps serving eleven months with the American Expeditionary Forces and with the Army of Occupation as Battalion Surgeon, 60th U. S. Infantry. The Victory medal awarded him carries three bars, one of which is for participation in the Verdun engagement. Upon his return from foreign service he continued with the army medical service at Fort Bayard, N. M., Letterman General Hospital, Presidio of California, and with the Coast Artillery Corps, Fort Flager, Washington. Returning to private practice in 1921 at Hot Springs National Park, he has confined his interests to neurology. Active in organized medicine from his graduation, he has held office as Secretary of the Pulaski County Medical Society, President of Garland County Medical Society and Councilor for the Seventh District, from which office at the expiration of his second term, he was elected President-Elect at the Fort Smith meeting. Outside the field of organized medicine, his interests are diverse. He is a past-president of the Kiwanis Club, a director of the Chamber of Commerce and a member of the Federal Registration Board for the Department of Interior, National Park Service. He is a member of the First Presbyterian church and of several Masonic bodies. He was married to Miss Vera Blood, who has achieved distinction for her poetry, at Grayville, Illinois. They have one son, Jack, aged fourteen, who excels his preceptor in the gentle art of angling in a decided manner. Enthusiasm, experience in organization activities, devotion to the aims and motives of our Society, commanding the esteem



and affection of all among his wide acquaintanceship, respected for his calm and deliberate study of all problems and for the courage of his convictions, and firm in his desire to so serve that scientific medicine, the profession and the public will benefit, George B. Fletcher enters the Presidency well qualified and possessing attributes of meritorious leadership.

## PROCEEDINGS OF SOCIETIES

The Sixth Councilor District Medical Society met at Prescott March 24th for the following scientific program: "The Importance of Symptoms in Pelvic Disorders," G. D. Royston; "Obscure Abdominal Pain—Importance of Urinary Tract Investigation," J. Hoy Sanford; "The Ileocecal Segment," J. W. Larimore; and "The Early Diagnosis of Brain Tumors," Ernest Sachs, all speakers of Saint Louis. The program was arranged by A. S. Buchanan, Prescott, and Don Smith, Hope.

The Lawrence County Medical Society met at Walnut Ridge March 10th for the following program: "Diphtheria," W. W. Hatcher, Imboden, and "Puerperal Eclampsia," C. D. Tibbels, Black Rock.

L. H. McDaniel, Tyronza, presented a paper on "Abnormal Obstetrics" at the March meeting of the Craighead-Poinsett County Medical Society in Jonesboro.

The St. Francis County Medical Society met in dinner session at Forrest City, March 27th, with J. J. Coughn, Memphis, speaking on gynecology, and R. C. Lipsey, common colds.

The Benton County Medical Society was addressed at its dinner meeting in Rogers, April 9th, by physicians from Springfield, Missouri: Joe Johnston, "The Treatment of Asthma;" U. J. Busiek, "Management of Congenital Pyloric Stenosis," and F. T. H'Doubler, "Surgical Aspects of Congenital Pyloric Stenosis."

G. M. LOVE, Secretary.

The Sebastian County Medical Society was addressed April 14th by R. E. Weddington on "Pyelitis."

The Third Councilor District Medical Society met April 8th at Lonoke for the following scientific program: "Acute Osteomyelitis," J. I. Mitchell, Memphis; "Care of the Normal Ob-

stetrical Patient," Clyde Rodgers, Little Rock; "Calcium Metabolism," W. C. Chaney, Memphis; "The Treatment of Heart Disease," S. C. Fulmer, Little Rock, and "Congenital Absence of the Cervix," Dewell Gann, Jr., and C. C. Reed, Jr., Little Rock. The Society will next meet at Forrest City.

The Second Councilor District Medical Society met at Heber Springs April 13. The dinner was followed by the scientific program: "General Considerations of Fractures," Val Parmley; "Trichomonas Vaginalis Vaginitis," Joe Sanderlin; "Ocular Manifestations of Some Systemic Diseases," Raymond Cook, and "Radiation in the Treatment of Fibroid Tumors and Menorrhagia From Other Causes," D. A. Rhinehart.

Sebastian County Medical Society presented an exchange program before the Pulaski County Medical Society April 13th: "Surgery in Diabetes," A. F. Hoge, and "Venous Pressure," C. T. Chamberlain. The visiting physicians were entertained at dinner preceding the meeting by the Little Rock members and with a dance by Dr. and Mrs. M. J. Kilbury following the program.

Roy Millard addressed the April meeting of the Pope-Yell County Medical Society on "Medical Economics and the Depression."

The Lawrence and Randolph County Medical Societies met in joint session April 14th perfecting the organization of the Randolph-Lawrence County Medical Society for scientific work. The two societies will maintain their former county organizations for administrative purposes. Officers elected were: J. R. Loftis, Pocahontas, President, and Chas. D. Tibbels, Black Rock, Secretary. The meeting was addressed by Geo. F. Jackson, Little Rock, "Skin Diseases," and F. W. Carruthers, Little Rock, "Fractures and Their Treatment."

The Southeast Arkansas Medical Society met at Lake Village April 13th, at 7:30 p. m. Speakers were Joe F. Shuffield, Little Rock, "The Treatment of Fractures," and G. C. Jarratt, Vicksburg, "Pyuria in Children." Following the scientific program the following officers were elected: S. W. Douglass of Eudora, President, succeeding H. H. Smith of McGehee. M. C. Crandall of Wilmot was elected Secretary for the third consecutive time. The next meeting will be held in Dumas on May 18th, 1936.

A. M. GIBBS, Reporter.

## PERSONALS AND NEWS ITEMS

J. E. Jones, Little Rock, addressed the Bald Knob P. T. A. February 17th on "Contagious Diseases of Childhood."

Chas. Wallis, Little Rock, addressed the West Point P. T. A. March 18th on "Your Child's Health."

C. A. Hardesty has been elected school director at Paragould.

Paul L. Day, Little Rock, addressed the American Institute of Nutrition at Washington, D. C., March 25th on vitamin G as a preventative of cataract.

E. E. Barlow recently addressed the Dermott Rotary Club on "The Purpose of Rotary."

"Fractures of the Pelvic Girdle," by Val Parmley, Little Rock, and "Focal Infection: Is It a Practical Theory?" W. T. Wootton, Hot Springs National Park, appeared in the March Tri-State Medical Journal.

J. P. Price has opened an office for practice in Monticello.

Formal dedicatory exercises for the new University of Arkansas School of Medicine building were conducted March 16 with Dean Vinsonhaler presiding and Governor Futrell, Mrs. J. W. Velvin and Dr. J. C. Futrall speaking. Dr. Thos. Pinson, Kerrville, Texas, the only living member of the first graduating class, was a guest of honor.

D. W. Goldstein has been appointed secretary of the Sebastian County Crippled Children's Society.

"Arrhenoblastoma of the Ovary," a scientific exhibit by J. M. Taylor, Mena, and S. J. Wolfermann and F. H. Krock, Fort Smith, was presented at the annual session of the Missouri State Medical Association in Columbia.

J. D. Riley, State Sanatorium, has been elected a Fellow of the American College of Physicians.

O. J. T. Johnston has been elected an executive committeeman of the Batesville Council, U. C. T.

J. K. Grace, Danville, is attending a three months' postgraduate course at Vanderbilt University recently awarded him on scholarship by the Rockefeller Foundation.

R. T. Smith, Fort Smith, has been appointed a member of the Arkansas Centennial Commission.

J. C. Pate has been elected Mayor of Leslie.

Roy J. Turner, North Little Rock, has received a three months' scholarship in public health administration at Vanderbilt University.

C. W. Rasco addressed the DeWitt Rotary Club January 2nd on "Milestones in Medicine."

"The Parathyroids in Relation to Chronic Arthritis" by W. T. Wootton, Hot Springs National Park, appeared in the April Journal of the Missouri State Medical Association.

H. Fay H. Jones, Little Rock, addressed the Public Meeting of the Woman's Auxiliary to the Sebastian County Medical Society at Fort Smith April 9th on "The Importance of Health Examinations Before Marriage."

C. McA. Wassell addressed the Little Rock Public Forum April 13th on "Social Hygiene."

H. T. Smith has been elected a director of the McGehee Rotary Club.

C. A. Rosenbaum has been elected a member of the Advisory Committee of the McGehee Business Men's Club.

The following have been elected aldermen: Roy Millard, at Dardanelle; C. P. Cisco, at Springdale, and W. A. Moore, at Rogers.

B. H. Custer has moved from Marmaduke to North Little Rock.

R. L. Smith and John M. Smith have been elected director and sergeant-at-arms, respectively, of the Russellville Rotary Club.

G. R. Siegel has been elected president of the Holy Name Society at Clarksville.

J. A. Foltz addressed the Business and Professional Women's Club of Fort Smith on "Health" April 22nd.



## RANDOM THOUGHTS OF THE SECRETARY.

March 25. Attending Rotary Club with Goldstein and hearing Jimmy Wilson of Catfish Band fame speak on the advantages of a lower education as distinguished from the so-called "higher" type. Impressed with his remarks, in particular, the financial advantages of inability to sign one's name.

March 26. We are guests for the Silver Jubilee celebration of the Exchange Club, a merry occasion. Jones astounds us by taking occasion to boast of the organization as he says grace.

March 28. The difficulties of editorial work impress us as never before. The April Journal appears with Chamberlain's name missing from the Holt-Krock professional card. We hope there will be no demand for a rebate. Good friends arrange a postgraduate course in proctology under auspices far from satisfactory, leaving us to be "gently kidded" for the next six months because of our insistence that advertisers deserve our fullest support. We are gratified with the readiness with which the sponsors withdraw their support of the course exhibiting a most commendable desire to work with the Society. No doubt the comments we receive on this "boner" will give us an idea of just how thoroughly our readers do read the advertising section.

March 29. The unbelievable has happened. Gean Atkinson of Lawrence County forwards 1936 assessments of two members by special delivery mail.

April 8th. Journeying with Wolfermann to Lonoke where the Third Councilor District Medical Society meets. Rush and Wilson present a well-balanced program provoking considerable discussion, yet we wonder at the apparent glibness of some in attendance who speculate upon the embryology of the female genital tract, embryology being one of the subjects which we relegated to our outer fringe of consciousness when the state board was out of the way. Gann and Reed stick to their interpretation and we are no person to argue that their theory is wrong. We learn via the experience route that Clyde Rodgers does things other than obstetrics well and resolve that we shall otherwise occupy our time in his presence. We also contribute a few jitneys to a device which returns these same nickels to Val Parmley. Among other information which we acquire is the local designation of the Lonoke-Little Rock highway, this bit of knowledge coming from J. B. Wells.

April 9th. Fay and Edna Jones come to town and we note with relief that the lumberjack shirt which Fay wore to Lonoke has been sent to the wash, we hope not to return. Pulaski county's gift to womankind discusses the advantages of health examinations before marriage to local auxiliaries and student bodies. We are pleased that our invitation to lunch increased the attendance. Jonesy is a pleasure all day and we observe them drive away with a wish that he might be one of us. His practice among our clients for the day is such that we may clamor for privilege tax payment on his next trip.

April 10th. This column receives encouragement to continue for another issue by a fan letter from J. D. Riley.

April 13th. In the company of the loquacious Joe Sanderlin and "you-asked-for-it-and-you-got-it" Parmley we take a thrill ride to Heber Springs. The ride is enlivened by Parmley's complaints as to the mechanical failures of his second-hand vehicle and his efforts to get more than 30 miles per hour out of a tired motor. Sanderlin finally gives in and asks for more careful driving,

affording much merriment to the driver, who is not in sympathy with safe and sane motoring. Another of the Second District's good meetings and we are glad to note that Matthews shows the members just what they have missed by not accepting previous invitations. President McCaskill leaves promptly at the conclusion of the dinner, apparently under the impression that he has again invited too many to dinner. Parmley's failure to follow the road on the return trip reminds us of our President's lone failure on one trip and, as far as we are concerned, the compass and flashlight can go to Parmley. Returning to Little Rock we enjoy the hospitality of the Kilbury's where merriment abounds. Peggy and I turn the Chevrolet homeward, enjoying as best we may the sunrise near Paris and indifferently listening to the remarks of a prostate gland specialist who takes the air at 5:00 a. m. It may be that he has an appreciative and interested audience in his particular field at that hour; if so, we say he is entitled to them for this superabundant display of energy, possibly gland-inspired. We complete our day at 5:45 a. m., regretting only that we did not have the opportunity of visiting Paul Mahoney's plantation where we understand chickens occupy 4-room apartments and have birthdays and periodic physical examinations.

## OBITUARY

JAMES DAVID WATTS, aged 60, died at his home in Dumas March 29th of an illness which caused his retirement from active practice two years ago. Born at Center, Alabama, January 16, 1876, he graduated from the Chattanooga Medical College in 1904 and first practiced at Monticello. He had been in active practice at Dumas for twenty years at the time of his retirement. He was married to Miss Ethel Cotham of Monticello in 1905, who, with a son and a daughter, survives him. He was a member of the Desha County and of the Arkansas Medical Societies, a Fellow of the American Medical Association, and a member of Omega lodge of Masons.

## THE COUNTY SOCIETY.

We have often referred to the fact that the county society, after all, is the backbone of organized medicine. No matter how many other medical organizations there may be in a county, if the county society is not functioning there will be a corresponding degree of lack of interest in the other organizations.

—The Journal of the Indiana State Medical Association.

## WOMAN'S AUXILIARY PAGE

MRS. D. W. GOLDSTEIN, Publicity Secretary, Fort Smith

Opening her talk with the statement that auxiliaries to medical societies are not women's clubs, and that they were designed as helpful organizations, Mrs. Marcus T. Smith, of Conway, state president of the Woman's Auxiliary to the Arkansas Medical Society, was the major speaker February 10th at a luncheon meeting of the Auxiliary to the Sebastian County Medical Society at the Woman's Club in Fort Smith.

Mrs. Smith called attention to many ways in which physicians' wives can co-operate with their husbands and urged them to develop a keener sense of appreciation of their husband's responsibilities. She advised the distribution of health literature; showing health films in schools and at public meetings; radio broadcasts, and the sale of Hygeia.

Mrs. Smith commented on the country's laxness in enforcing health measures and quoted statistics showing that in 1934 in one state alone there were 1,000 cases of smallpox and 500 deaths from the disease. She also said that in the same year there were 5,000 deaths in the United States from diphtheria. Serums for smallpox and diphtheria have been proved 100 per cent effective, the speaker continued. In Japan, Mrs. Smith said, vaccinations for smallpox are compulsory every five years.

The state president concluded her talk by urging the auxiliary members to begin an intensive campaign of enlightening the public on health measures. Physicians also are advising parents to protect their children from childhood diseases because of the possible after effects which are serious.

After Mrs. Smith's address, Mrs. A. L. Carter, of Berryville, state chairman of Hygeia, made a short talk and announced that Sebastian county had led the sales of subscriptions to Hygeia in the state. Mrs. Wolfermann, local Hygeia chairman, appeared on the program, presenting an article on "Cancer Among Princesses and Queens of History," by James Tobey.

At the business session, conducted by the president, Mrs. Pierre Redman, the following nominating committee was named:

Mrs. Walter Eberle, chairman, Mrs. S. P. Stubbs, Mrs. H. C. Dorsey.

Mrs. W. R. Brooksher, Jr., of Fort Smith, and Mrs. B. B. Bruce, of Alma, were hostesses for the luncheon. Twenty-four members were present.

The Washington County Medical Auxiliary met March 3rd at the Washington Hotel for a dinner meeting. Miss Octavia Lowery was the speaker of the evening. She outlined her work as county health nurse, and related some of her experiences.

The Pulaski County Medical Auxiliary met on March 18th for luncheon at the home of Mrs. S. C. Fulmer. Mrs. R. A. Law, Mrs. J. Donald Hayes and Mrs. S. B. Hinkle were assistant hostesses. Thirty members were present.

Mrs. B. A. Rhinehart, president, presided over the business session. Mrs. B. A. Bennett, treasurer, gave an excellent report, showing a substantial increase in membership.

In the absence of Mrs. C. E. Oates, Mrs. D. M. Switzer gave the report of the Student Loan Fund. Mrs. Switzer announced a pie and candy sale would be held for the benefit of the Student Loan Fund on Thursday, March 26th, at the new Medical School. Pies and candy were promised by a large number of those present.

Mrs. C. C. Reed, Chairman of the Periodic Health Examination Committee, reported that thirty members had undergone thorough physical examinations since that work had been taken up at the request of the American Medical Association.

Mrs. M. E. McCaskill gave an interesting report on the work being done by the obstetrical pack committee. Subscriptions to Hygeia for the twelve rural schools in Pulaski county were continued. Mrs. C. W. Garrison and Mrs. R. C. Kory were selected as delegates to attend the convention of the American Medical Association Auxiliary in Kansas City in June.

At the conclusion of the business session Mrs. W. P. McDermott gave a most interesting and enlightening talk on "A Day in Court," reminding us that this year celebrates the twenty-fifth anniversary of the founding of the Juvenile Court. Mrs. McDermott gave a resume of what has and is being done in her court for the delinquent, neglected and dependent child. An invitation was extended to each member of the Auxiliary to visit the Juvenile Court.

On February 28th, Mrs. S. A. Collom, assisted by Mrs. Roy Baskett and Mrs. Allen Collom, Jr., entertained members of the Woman's Auxiliary to the Bowie and Miller County Medical Societies, with presidents of the Texas church auxiliaries and the Arkansas P. T. A. groups as honor guests.

Mrs. Allen Collom, Jr., directed the business session, and decision was made to plant an oak tree in Hillcrest as a memorial to the late Mrs. Preston Hunt, and to sponsor an essay contest on "Heroes in Medicine" in the junior high schools.

The program topic "Worry Warps the World," "Faulty Reasoning and Unwholesome Logic," was presented most interestingly by Mrs. P. H. Phillips, of Ashdown.

As a project of the public relations committee, Mrs. W. R. Brooksher, Jr., chairman, Dr. H. Fay H. Jones, of Little Rock was presented in a lecture April 9th at the Senior high school auditorium, the lecture being sponsored by the auxiliary of the Sebastian County Medical Society. Students of Fort Smith Junior College and the members of the senior class of the high school were especially invited to attend. The lecture was open to the general public. Dr. Jones is a widely known urologist of Little Rock. He was introduced by Mrs. Brooksher. He chose for his topic, "The importance of Health Examinations Before Marriage."



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BOOK REVIEWS

**Diseases of the Thyroid Gland.** By Arthur E. Hertzler, M. D., Professor of Surgery, University of Kansas. Includes a chapter on Hospital Management of Goiter Patients by Victor E. Chesky, M. D., Chief Resident Surgeon, Halstead Hospital. Third edition. Cloth. Price, \$7.50. Pp. 348, with 181 illustrations. C. V. Mosby Co., St. Louis, 1935.

In the recent issues of *Diseases of the Thyroid Gland*, Dr. Hertzler has rewritten most of his former work on this subject. The underlying theme of this volume is the emphasis placed upon the thesis that goitre is a lifetime disease. The average surgeon sees but a single phase of the disease, and his knowledge of the subject is no more complete than would be the description of a frog by one who had only seen a tadpole. Dr. Hertzler has enjoyed the peculiar advantage of living in a rural community with a stable population, and where he could personally observe these patients through adolescence into late adult life.

One statement is made which is probably open to question; namely, that myxedema cannot be produced in the adult. There is an increasing number of rather convincing case reports in the literature of this condition following total ablation of the gland for cardiac disease. Whether or not this be true, does not argue against the desirability for a more radical type of operation, which is the point the author wishes to make, if a surgical cure is to be expected in a disease ordinarily measured by the life span of the individual.

The excellency of the numerous illustrations reflect the interest of the author in his subject, particularly from the standpoint of pathology.

**Yearbook of Neurology Psychiatry and Endocrinology, 1935.** Edited by Hans H. Reese, M. D., Harry A. Paskini, M. D., and Elmer L. Sevringhaus, M. D. Illustrated. Pp. 775. Price, \$3.00. Chicago: The Yearbook Publishers, 1936.

For the second successive year endocrinology has been included with nerology and psychiatry. These Year Books form an invaluable quick reference to all outstanding advances during the year in which they are published. The articles are carefully abstracted and there is no difficulty in obtaining a full reprint of any article you may wish to investigate further. This publication will be of value to all physicians.

**Medical Treatment of Gallbladder Disease.** By Martin E. Reh fuss, M. D., Clinical Professor of Medicine at Jefferson Medical College, Philadelphia; and Guy M. Nelson, M. D., Instructor of Medicine at Jefferson Medical College, Philadelphia. 465 pages with 113 illustrations. Philadelphia and London: W. B. Saunders Company, 1935. Cloth, \$5.50 net.

This volume is concerned wholly with the medical treatment of gallbladder diseases and in its completeness considers every factor of service in their management. Long-needed, it is sure of a hearty welcome. Being the record of actual practice, it possesses that most desirable feature of utility for the practitioner. The mere reading of the volume is entertainment; its facts are most easily assimilable. Treatment is detailed, attention being directed not only to the relief of symptoms but to the removal of etiological factors. All methods which the authors have found of value are considered in every phase.



**Synopsis of Clinical Laboratory Methods.** By W. E. Bray, B. A., M. D., Professor of Clinical Pathology, University of Virginia, Director of Clinical Laboratory, University of Virginia Hospital. 32 illustrations. 11 color plates. Pp. 324. Price, \$3.75. Saint Louis: C. V. Mosby Co., 1936.

Bray's "Synopsis of Clinical Laboratory Methods" to my mind is impressive for several reasons: first, the thoroughness and completeness with which all clinical laboratory methods of importance have been dealt proves little to be desired. This is particularly true, perhaps necessarily so, of that part of the book devoted to the methods involving blood and urine. Secondly, the attention given to subjects not usually included in literature of this kind enhances the value of the book, and provides a background from which technicians may gain better understanding of the methods they are employing. This is true of the material treated under the chapters headed Bacteriology and Surgical Pathology. Next, the manner in which the various methods are described, together with the practical terminology used make reading fast, and understanding easy.

One particular part of this work that I thought was of interest was the first part dealing with "Laboratory Work on Various Services and on Special Cases." The author listed the tests that experience has taught are the ones most often called for under the various services such as Pediatric, Obstetric, Gynecologic and for specific pathologic cases under these services. This seems to me to be of value, because the least that can be done when a patient enters the hospital is what has come to be regarded as the routine laboratory work involved in his particular condition. Without this work, the patient may justifiably feel that his case history has been incomplete.

Bray's Synopsis of Clinical Laboratory Methods seems

to me to be complete, thorough, practical, up to date and includes methods of laboratory analysis which might well be considered as standard prerequisites for the modern laboratory.

**Complete Handbook of State Medicine.** J. Weston Walch, Chief Compiler. Pp. 158. Price, \$2.50. Portland, Maine: Debaters' Information Bureau, 1935.

This handbook for the use of high school debaters presents the subject matter in short terse abstract sentences with appropriate headings in bold type thus facilitating reference. Four divisions are covered, study outline, briefs, rebuttal notes and strategy. The statement is erroneously made that the American College of Surgeons and the Michigan State Medical Society favor voluntary health insurance.

**An Introduction to Medical Economics.** By the Bureau of Medical Economics, the American Medical Association. Pp. 108. Paper. Price, 15 cents. Chicago: The American Medical Association, 1936.

This is another of the valuable pamphlets presented by the Bureau of Medical Economics for the information of the medical profession, all of which are most serviceable for an understanding of trends of practices in our profession. Herein are differentiated the economics of business, industry and commerce and that of the practice of medicine. This pamphlet should be marked "Imperative—Must Be Read by Every Physician." Failure to acquaint ones self with its subject matter is inexcusable laxity in the acquisition of knowledge concerning the business side of professional matters. The Arkansas Medical Society is supplying each member with a copy and it is hoped that all members will be "cover-to-cover" readers.

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